

# FAMILIES AS PARTNERS (DV01)

## SOUTH BAY COMMUNITY SERVICES

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



### REGION: SOUTH– DISTRICT 4

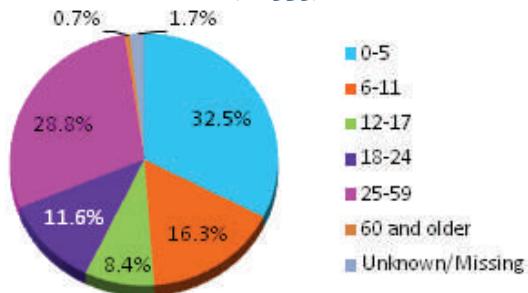
Families as Partners (FAP) is a San Diego South Region partnership between families, Child Welfare Services, and community service providers. The goal of the partnership is to establish a community safety net for the well-being of the South Region's children and their families who are at risk of becoming involved in the child welfare system. Families are referred from the child welfare hotline, and FAP provides services immediately to help them maintain a safe home and reduce the effects of trauma exposure. FAP clinicians visit families in their homes, conduct thorough assessments of the families' needs and strengths, and help families connect with resources in their community. In some cases, families receive information and support from Parent Peer Partners, parents with former experience with the child welfare system. Families also participate in team decision-making meetings (TDM) with the FAP team, and help develop safety plans for their children.

#### CONTRACTOR: South Bay Community Services

CONTRACT START DATE: 5/1/2009	DATA COLLECTION START DATE: 5/1/2009
PROGRAM SERVICES START DATE: 5/1/2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 535 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 1990 (May include duplicates)

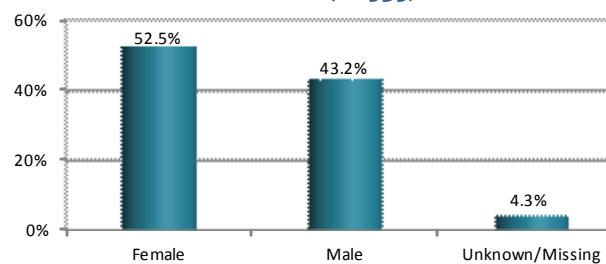
### YOUTH AND CAREGIVER DEMOGRAPHICS

AGE (N=535)



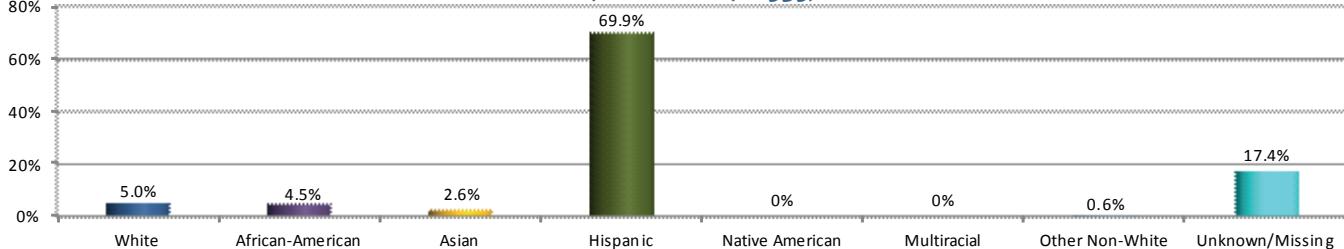
Children and youth ages 0 to 17 comprised 57% of the population served.

GENDER (N=535)



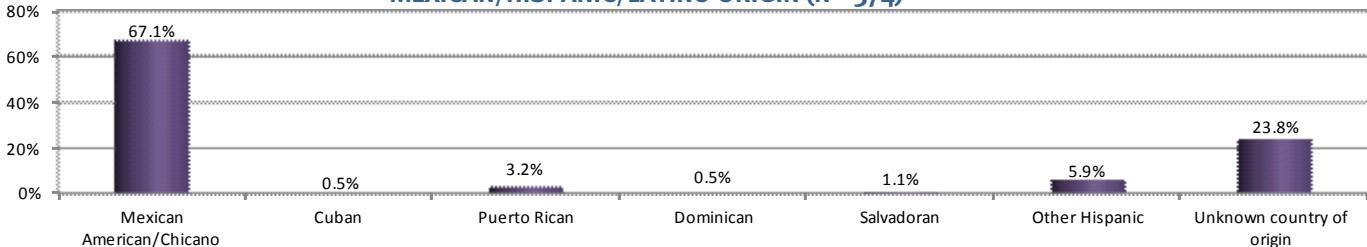
Fifty-three percent of the participants who received services were female.

RACE/ETHNICITY (N=535)



Seventy percent of the participants who received services identified their race/ethnicity as Hispanic. Approximately 17% of all participants served did not report their race.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 374)\*



Sixty-seven percent of the Hispanic population served identified their ethnic background as Mexican American/Chicano.

*\*Participants can self-identify as more than one race so percentages may add up to more than 100%.*

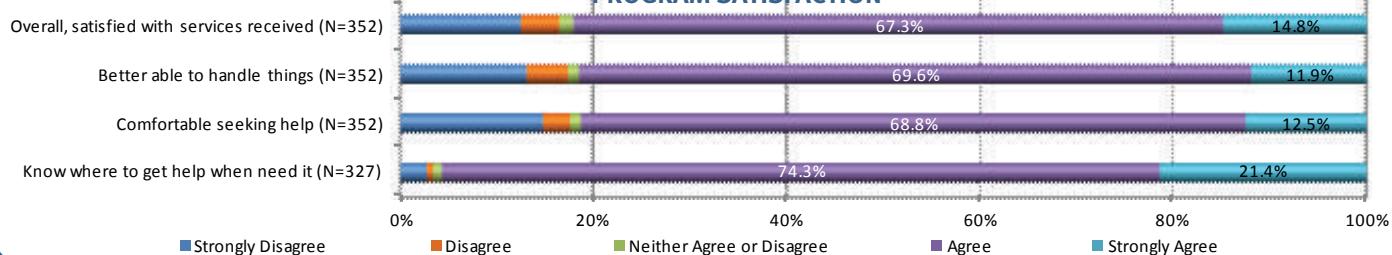
## MILITARY SERVICE\*

Of the 442 participants who responded to this question, the majority (96%) reported that the youth's caregiver had not served in the military. Of the 16 caregivers who had served in the military, 7 (44%) served in the Navy, 4 (25%) served in the Army, 2 (13%) served in the National Guard, 1 (6%) served in the Air Force, 1 (6%) served in the Marine Corps, and 1 (6%) served in the Navy Reserve.

*\*Caregivers could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.*

## PROGRAM SATISFACTION

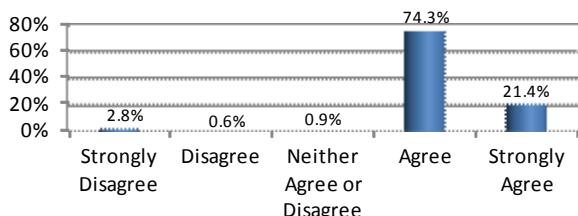
### PROGRAM SATISFACTION\*



Of the parents that responded to the satisfaction questions, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they felt more comfortable seeking help now. Overall, roughly 82% of the participants who responded were satisfied with the services received.

*\*Satisfaction data not available for all participants.*

## I KNOW WHERE TO GET HELP (N=327)



Ninety-six percent of participants who responded to this question reported that they knew where to get help when they needed it. Approximately 3% did not agree with this statement.



The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# SOUTH REGION TRAUMA EXPOSED SERVICES (DV02)

## FRED FINCH YOUTH CENTER

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012–13 ANNUAL REPORT



### REGION: SOUTH– DISTRICT 1

The Fred Finch Youth Center (FFYC) Triple P Positive Parenting Program is an evidence-based, comprehensive prevention and early intervention program to help prevent re-traumatization of children and families who experience contact with the child welfare system. The program serves children and their families that recently had involvement with Child Welfare Services, but do not require voluntary or dependent services. However, Child Welfare Services deems that these families could benefit from parenting and/or support in order to prevent further child welfare involvement. The Triple P Program helps parents develop stronger parenting skills and effectively manage child misbehavior.

CONTRACTOR: Fred Finch Youth Center

CONTRACT START DATE: 7/1/2010

DATA COLLECTION START DATE: 1/1/2011

PROGRAM SERVICES START DATE: 1/1/2011

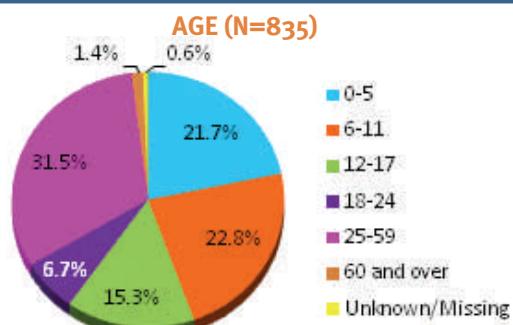
REPORT PERIOD: 7/1/2012-6/30/2013

NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13:  
835 (Unduplicated)

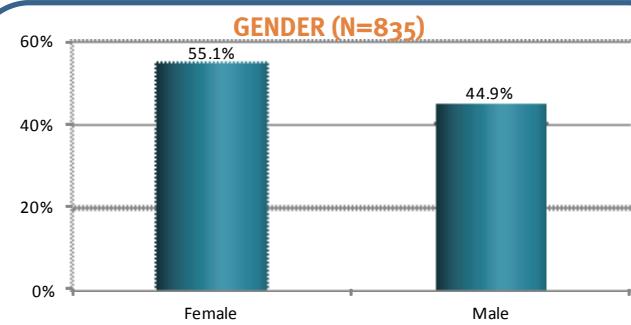
PARTICIPANTS SERVED SINCE PROGRAM INCEPTION:  
2468 (May include duplicates)

NUMBER OF FAMILIES WITH DATA IN FY 2012-13:  
190 (Unduplicated)

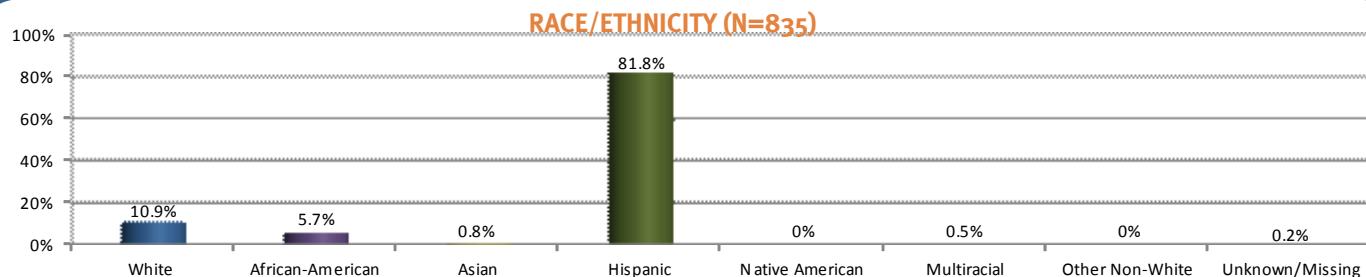
### YOUTH AND CAREGIVER DEMOGRAPHICS



Children and youth ages 0 to 17 comprised 60% of the population served.

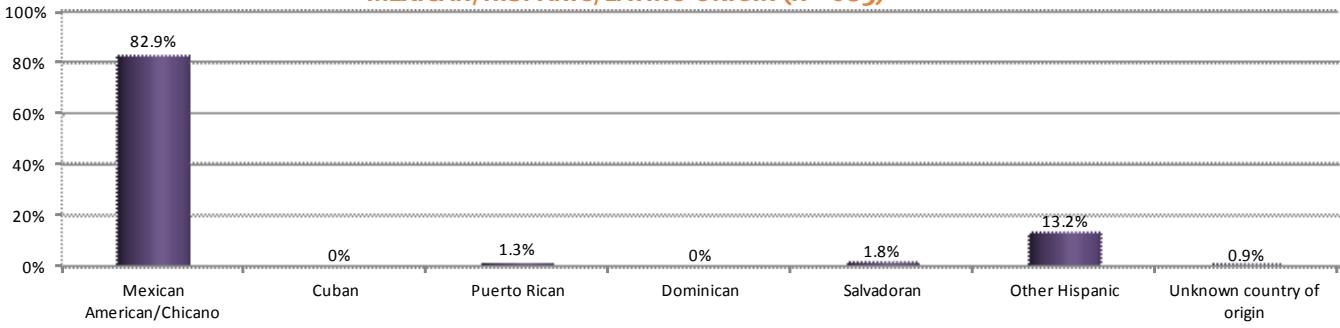


The program served slightly more female (55%) than male (45%) participants.



Eighty-two percent of participants identified their race/ethnicity as Hispanic.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 683)\*



The majority (83%) of the Hispanic population served identified their ethnic background as Mexican American/ Chicano.

\*Participants can self-identify as more than one race so percentages may add up to more than 100%.

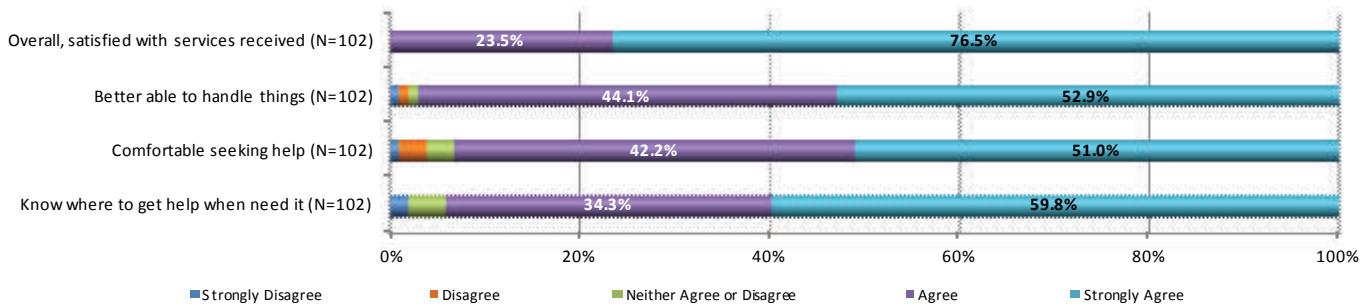
## MILITARY SERVICE\*

Of the 190 participants who responded to this question, 96% reported that the youth's caregiver had not served in the military. Of the 8 caregivers who had served in the military, 3 (38%) served in the Navy, 2 (25%) served in the Army, 1 (13%) served in the Army Reserve, 1 (13%) served in the Marine Corps, and 1 (13%) served in an unspecified branch.

\*Caregivers could have served in more than one branch so numbers and percentages may add up to more than the N or 100%.

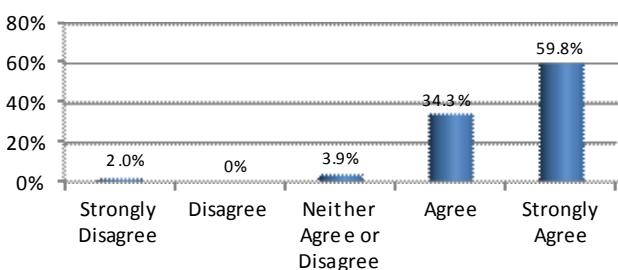
## PROGRAM SATISFACTION

### PROGRAM SATISFACTION



The majority of participants did not complete the satisfaction questionnaire, which is distributed at close of service. Of those who did, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they felt more comfortable seeking help now. Overall, 100% of the participants who responded were satisfied with the services received.

### I KNOW WHERE TO GET HELP (N=102)



Ninety-four percent of participants who responded to this question reported that they knew where to get help when they needed it. Two percent of participants who responded did not agree with this statement.

**“ I know where to get help when I need it.”**

## NUMBER OF RETURNING CLIENTS

Of the 835 participants with data in the FY 2012-13 reporting period, 804 participants were new to the program. The remaining 31 participants previously received Triple P services.

## NUMBER OF RETURNING FAMILIES

Of the 190 families with data in the FY 2012-13 reporting period, 183 families were new to the program. The remaining 7 families previously received Triple P services.

## FAMILY INVOLVEMENT

### FAMILY INVOLVEMENT IN TRIPLE P

TRIPLE P LEVELS (N=190)*	N	%
Resource Only	40	21.1
Level 3 Primary	1	0.5
Level 3 Primary + Stepping Stones	0	0.0
Level 4 Standard	96	50.5
Level 4 Standard + Stepping Stones	1	0.5
Pathways	6	3.2
Missing	53	27.9

Level 4 Standard was the most commonly received Triple P service. Approximately 21% of clients did not participate in the parent training components.

\*Participants may receive more than one level so numbers and percentages may add up to more than the N or 100%.

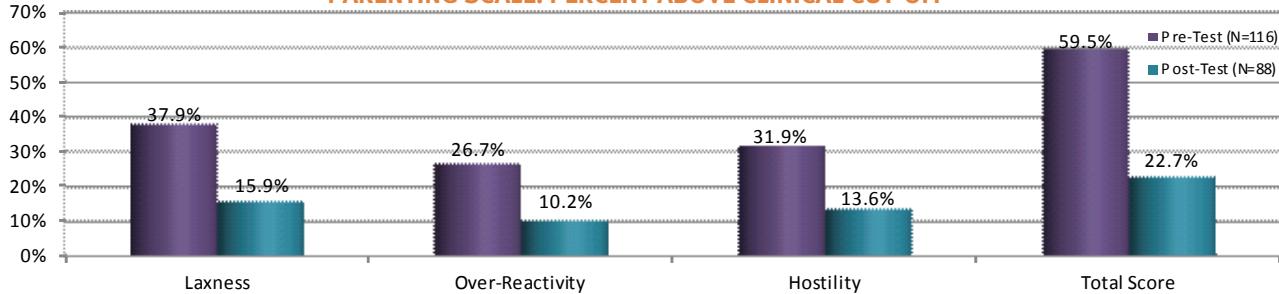
## CHANGES IN PARENTING: PARENTING SCALE

### PARENTING SCALE

PARENTING SCALE DOMAINS (1-7)	PRE-TEST (N=116) MEAN (STANDARD DEVIATION)	POST-TEST (N=88) MEAN (STANDARD DEVIATION)
Laxness (permissive, inconsistent discipline)	3.08 (1.21)	2.37 (1.05)
Over-reactivity (harsh, emotional, authoritarian discipline and irritability)	3.01 (1.24)	2.27 (1.09)
Hostility (use of verbal or physical force)	2.06 (1.09)	1.53 (0.79)
Total Score	3.39 (0.67)	2.61 (0.74)

A decrease in any domain indicates improvement. On average, scores on the Parenting Scale assessment improved from pre-test to post-test. Additionally, for clients with two assessments, the change in the laxness and over-reactivity subscales and the change in total score were statistically significant at the p<.001 level.

### PARENTING SCALE: PERCENT ABOVE CLINICAL CUT-OFF



The scores above the clinical cut-off indicate dysfunctional parenting. The percentage of clients above the clinical cut-off decreased from pre-test to post-test across all subscales.

PARENTING SCALE: POSITIVE CHANGE IN CLINICAL CUT-OFF*†		
PARENTING SCALE DOMAIN	N	%
Laxness (N=30)	22	73.3
Over-reactivity (N=21)	15	71.4
Hostility (N=23)	15	65.2
Total Score (N=54)	36	66.7

Nearly sixty-seven percent of the parents whose total Parenting Scale score was above the clinical cut-off at pre-test assessment scored below the clinical cut-off at post-test assessment.

\*Positive change defined as a score above the clinical cut-off on the pre-test and below the clinical cut-off on the post-test.

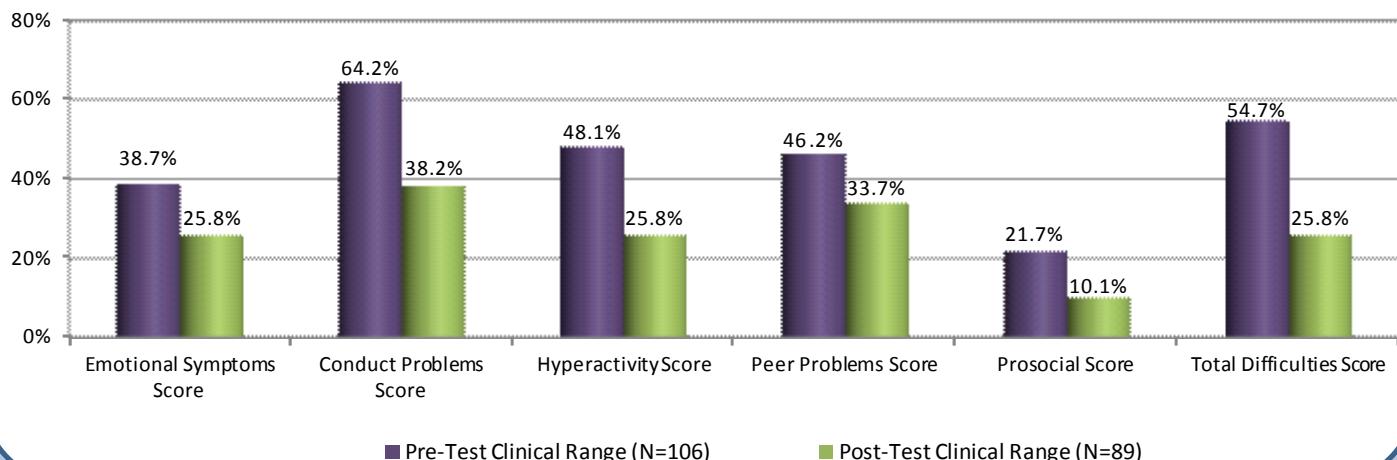
†Analysis limited to clients with a pre- and post-test, who were above the clinical cut-off on the pre-test.

## CHANGES IN CHILD BEHAVIOR: OVERALL PARENT REPORT

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)		
SDQ SCALE DOMAINS (RANGE)	PRE-TEST MEAN (N=106) (STANDARD DEVIATION)	POST-TEST MEAN (N=89) (STANDARD DEVIATION)
Emotional Symptoms Score (1-10)	3.04 (2.49)	1.94 (1.99)
Conduct Problems Score (1-10)	3.80 (2.52)	2.72 (2.68)
Hyperactivity Score (1-10)	5.44 (2.86)	3.71 (2.80)
Peer Problems Score (1-10)	2.75 (2.17)	2.03 (1.98)
Prosocial Behavior Score (1-10)	7.26 (2.57)	8.20 (1.94)
<b>Total Difficulties Score (1-40)</b>	<b>15.02 (7.59)</b>	<b>10.40 (7.41)</b>

An increase in the Prosocial Behavior domain indicates improvement; a decrease in any other domain indicates improvement. On average, children's behavior problems improved following receipt of Triple P services.

SDQ: PERCENT IN CLINICAL RANGE: ABNORMAL/BORDERLINE



Scores in the clinical range of the SDQ indicate that a child may have emotional or behavioral problems. The percentage of youth who had scores in the clinical range on the Total Difficulties Score decreased from pre-test to post-test.

### SDQ: POSITIVE CHANGE IN CLINICAL RANGE\*†

SDQ SCALE DOMAIN	N	%
Emotional Symptoms Score (N=36)	24	66.7
Conduct Problems Score (N=57)	32	56.1
Hyperactivity Score (N=37)	25	67.6
Peer Problems Score (N=40)	22	55.0
Prosocial Behavior Score (N=17)	16	94.1
<b>Total Difficulties Score (N=44)</b>	<b>30</b>	<b>68.2</b>

Over sixty-eight percent of children who had scores in the clinical range at pre-test scored below the clinical range at post-test.

\*Positive change defined as a score in the abnormal range on the pre-test and borderline or normal range on the post-test, or a score in the borderline range on the pre-test and normal range on the post-test.

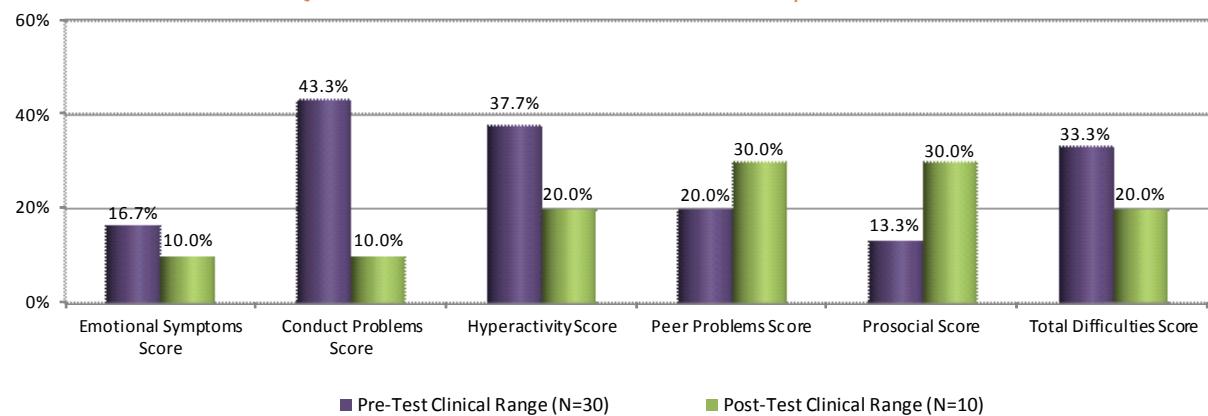
†Analysis limited to clients with a pre- and post-test, who scored in the borderline or abnormal range on the pre-test.

### CHANGES IN CHILD BEHAVIOR: OVERALL YOUTH REPORT

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)		
SDQ SCALE DOMAINS (RANGE)	PRE-TEST MEAN (N=30) (STANDARD DEVIATION)	POST-TEST MEAN (N=10) (STANDARD DEVIATION)
Emotional Symptoms Score (1-10)	3.30 (2.34)	2.60 (2.55)
Conduct Problems Score (1-10)	3.17 (2.56)	2.10 (2.08)
Hyperactivity Score (1-10)	4.73 (2.88)	2.80 (3.26)
Peer Problems Score (1-10)	1.87 (1.96)	1.70 (1.83)
Prosocial Behavior Score (1-10)	7.40 (1.89)	7.40 (2.17)
<b>Total Difficulties Score (1-40)</b>	<b>13.07 (7.88)</b>	<b>9.20 (8.64)</b>

An increase on the Prosocial Behavior domain indicates improvement; a decrease in any other domain indicates improvement. On average, children's behavior problems improved following receipt of Triple P services.

### SDQ: PERCENT IN CLINICAL RANGE: ABNORMAL/BORDERLINE



Scores in the clinical range of the SDQ indicate that a child may have emotional or behavioral problems. The percentage of youth who had scores in the clinical range on the Total Difficulties Score decreased from pre-test to post-test. While the percentage of youth who had scores in the clinical range of the Peer Problems scale increased, the number of youth with post-tests was small, and in small samples a difference in one or two cases can lead to larger differences in percentages.

SDQ: POSITIVE CHANGE IN CLINICAL RANGE*†		
SDQ SCALE DOMAIN	N	%
Emotional Symptoms Score (N=2)	2	100.0
Conduct Problems Score (N=5)	4	80.0
Hyperactivity Score (N=3)	2	66.7
Peer Problems Score (N=0)	0	0.0
Prosocial Behavior Score (N=1)	0	0.0
<b>Total Difficulties Score (N=3)</b>	<b>2</b>	<b>66.7</b>

Over sixty-six percent of children who had scores in the clinical range at pre-test scored below the clinical range at post-test.

\*Positive change defined as a score in the abnormal range on the pre-test and borderline or normal range on the post-test, or a score in the borderline range on the pre-test and normal range on the post-test.

†Analysis limited to clients with a pre- and post-test, who scored in the borderline or abnormal range on the pre-test.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.



# ALLIANCE FOR COMMUNITY EMPOWERMENT( DV03)

## UNION OF PAN ASIAN COMMUNITIES

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



### REGION: SOUTH– DISTRICT 4

The Alliance for Community Empowerment (ACE) provides six different PEI programs that help prevent community violence and support families in San Diego: the Community Violence Response Team, Parent and Youth Gang Awareness groups, the Leadership Academy, Support Groups, and the Strengthening Families program. The Community Violence Response Team provides assistance to individuals who are impacted by acts of violence. The Gang Awareness groups teach both caregivers and youth about the risk factors for gang involvement, and the Leadership Academy is an on going intervention designed to help prevent youth ages 12-16 from participating in gangs. This intervention teaches youth how to improve their decision-making skills and handle peer pressure. The Support Groups help community members who are grieving the loss of loved ones, many of whom were victims of violence. Finally, the Strengthening Families Program is a research-based intervention that provides training in parenting, communication, and problem-solving skills to increase families' resilience and reduce the risk of substance abuse, delinquency, and school failure.

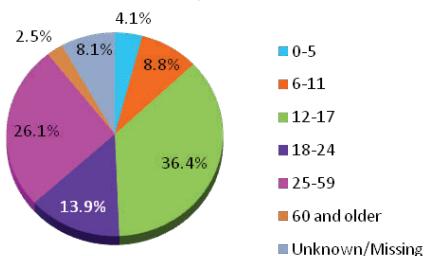
#### CONTRACTOR: Union of Pan Asian Communities (UPAC)

CONTRACT START DATE: 12/1/2009	DATA COLLECTION START DATE: 1/4/2010
PROGRAM SERVICES START DATE: 1/4/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13*: 712 (Unduplicated)	FAMILIES SERVED SINCE PROGRAM INCEPTION: 1666 (May include duplicates)

\*Not all data are available for every participant.

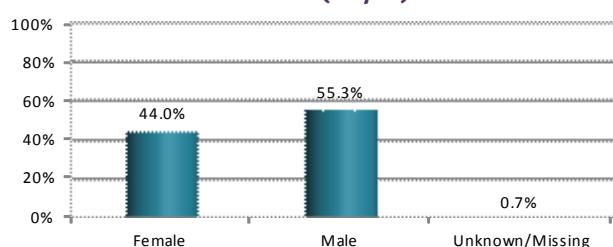
### PARTICIPANT DEMOGRAPHICS\*

AGE (N=712)



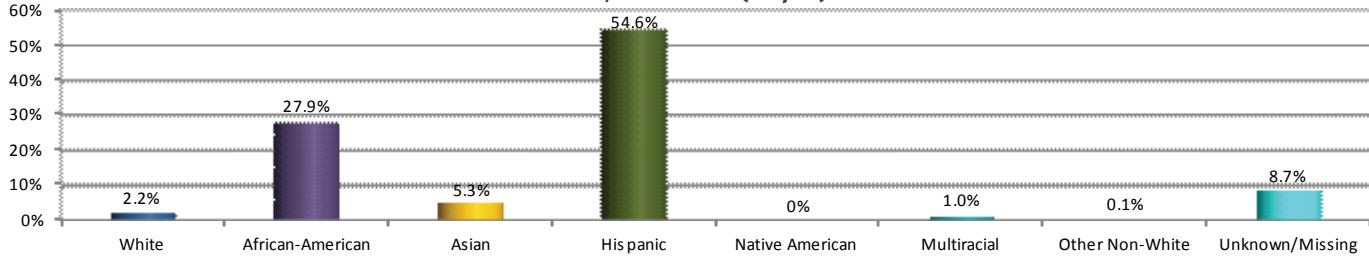
Forty-nine percent of participants were children and youth between the ages of 0-17. Age was not reported for 8% of participants.

GENDER (N=712)



Fifty-five percent of participants were male and 44% were female.

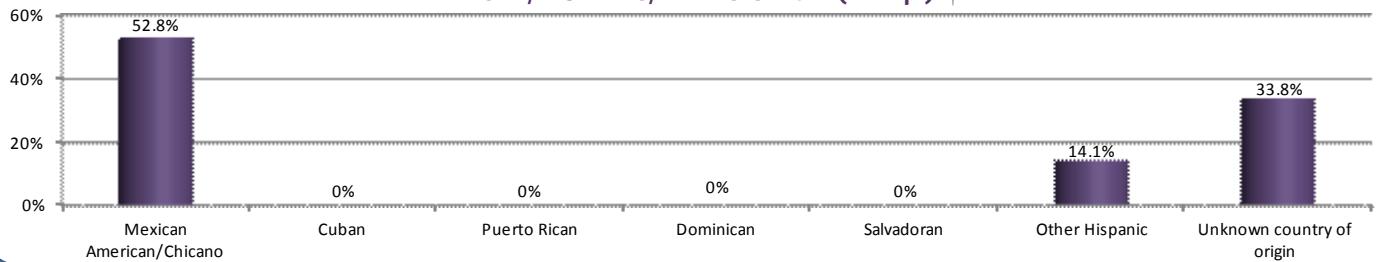
RACE/ETHNICITY (N=712)



Fifty-five percent of participants identified their race/ethnicity as Hispanic.

\*Data were only available for clients with a referral form and clients who received services from the community violence response team.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 142)\*†



Fifty-three percent of the Hispanic population identified their ethnic background as Mexican American/Chicano.

\*Participants can self-identify as more than one race so percentages may add up to more than 100%.

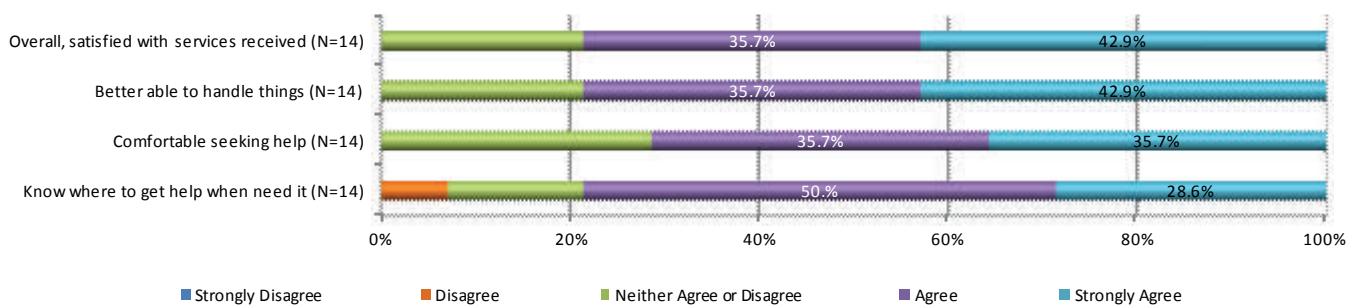
†Data only available for clients with a referral form.

## MILITARY SERVICE

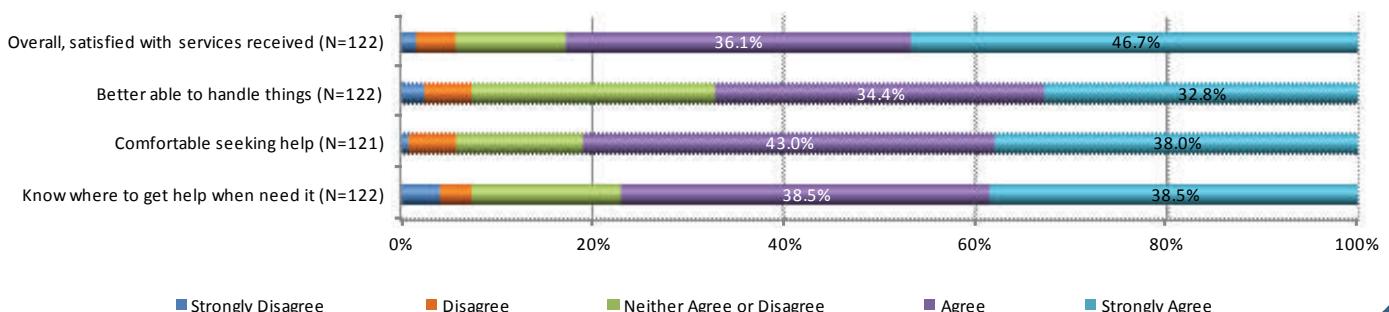
Military status data not available for clients.

## SATISFACTION BY PROGRAM (includes duplicated participants)

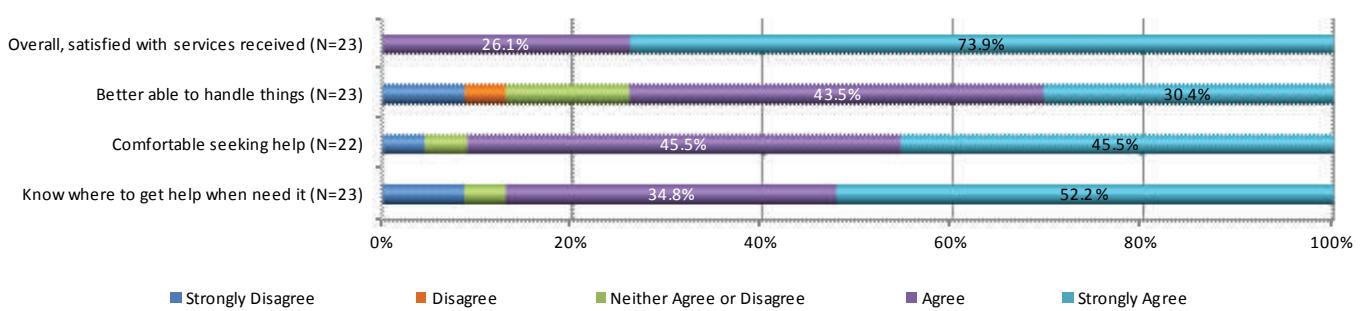
### GANG AWARENESS—PARENT PROGRAM SATISFACTION



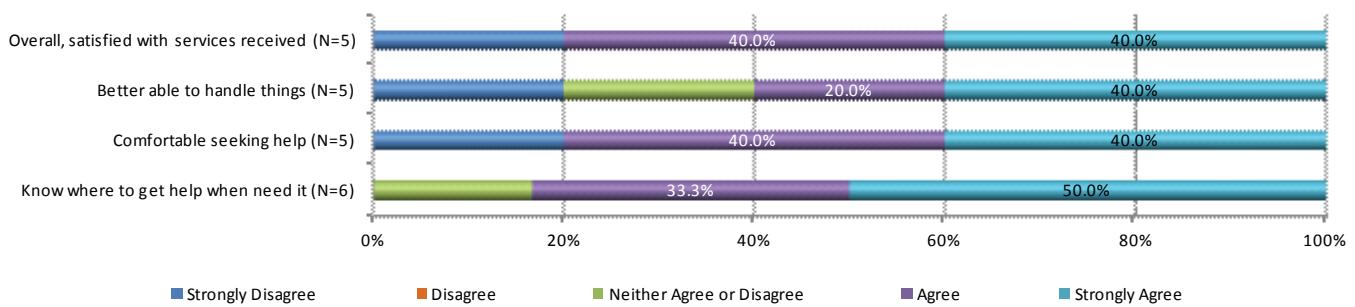
### GANG AWARENESS—YOUTH PROGRAM SATISFACTION



### STRENGTHENING FAMILIES GROUP PROGRAM SATISFACTION



## OTHER GROUP PROGRAM SATISFACTION



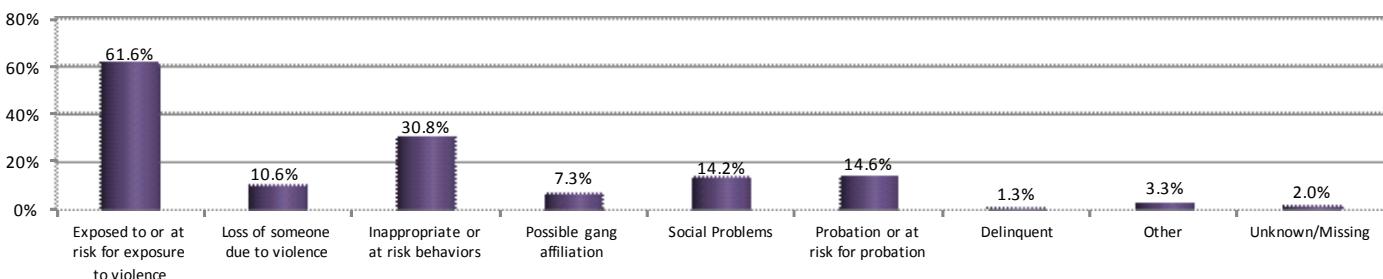
Satisfaction data were not available for all participants in all programs. Participants in the Strengthening Families program were the most satisfied with services received; satisfaction in other UPAC programs polled was much lower by comparison.

## REFERRALS

REFERRALS	N
Number of clients referred to ACE PEI Programs	302
Number of referred clients who attended ACE PEI Programs*	197

\*Clients did not always sign in when they attended ACE programs so this count may be low.

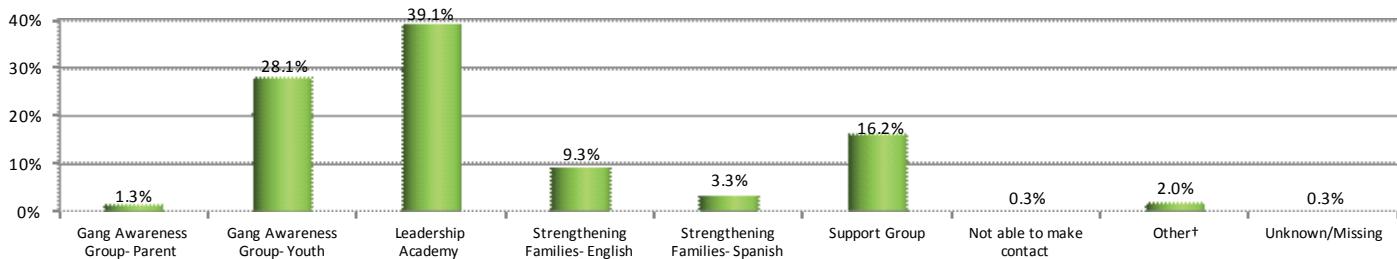
### REASON FOR REFERRAL (N= 302)\*



The majority of referrals were for individuals who had been exposed to or were at risk for exposure to violence.

\*Participants can be referred for multiple reasons so percentages may add up to more than 100%.

### REFERRALS TO SPECIFIC PROGRAMS (N= 302)\*



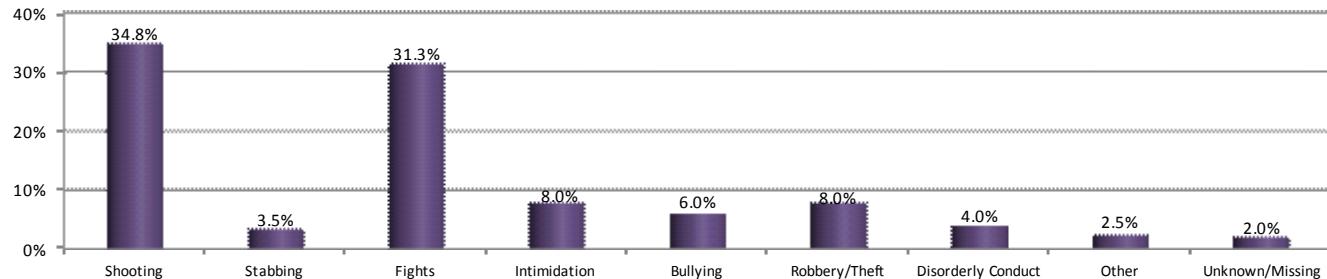
Most of the individuals who were referred for PEI services were referred to the Leadership Academy or the Youth Gang Awareness group.

\*Participants can be referred to more than one program so percentages may add up to more than 100%.

†Other referrals can include referrals to counseling or other case management services.

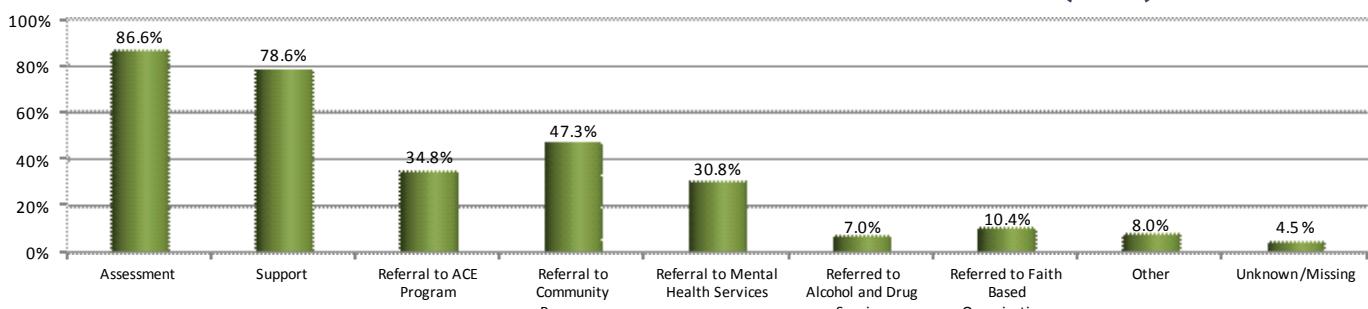
## COMMUNITY VIOLENCE RESPONSE TEAM

### COMMUNITY VIOLENCE INCIDENT TYPE (N=201)



More than 66% of incidents the Community Violence Response team responded to were fights or shootings.

### SERVICES PROVIDED BY THE COMMUNITY VIOLENCE RESPONSE TEAM (N=201)\*



The most common services provided by the Community Violence Response Team were assessments and support.

*\*Multiple services can be provided for each incident so the percentages may add up to more than 100%.*

## GROUP PROGRAM ATTENDANCE

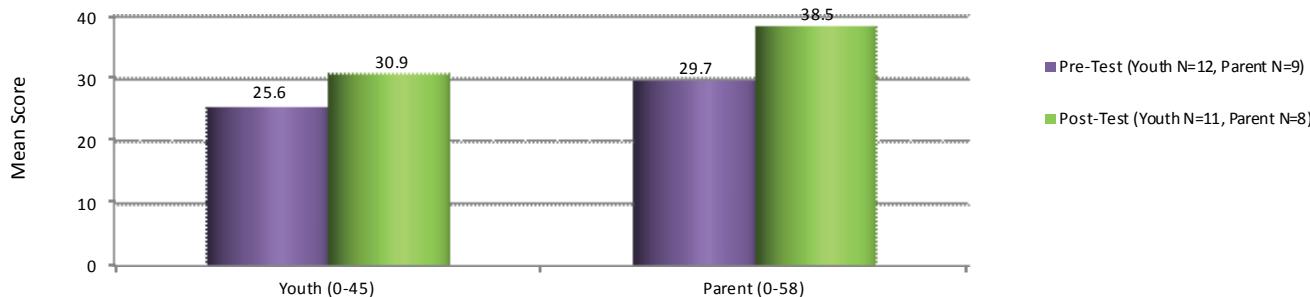
ATTENDANCE AT ACE GROUP PROGRAMS*	N
Gang Awareness- Parent	21
Gang Awareness- Youth	147
Strengthening Families	12
Leadership Academy	98
Support Groups	30
Other	31

*\*Attendance may be underreported.*



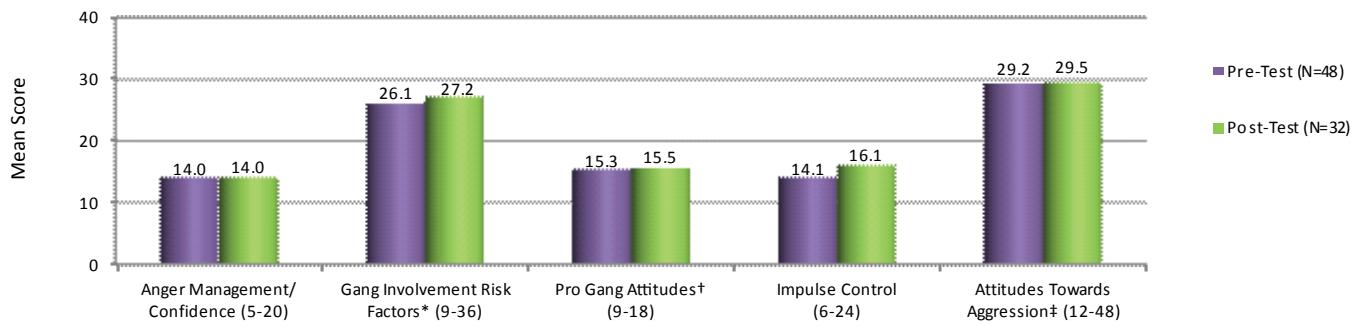
## GROUP PROGRAM SPECIFIC OUTCOMES

### STRENGTHENING FAMILIES\*



On average, both youth and parent scores on the Strengthening Families assessment increased from pre-test to post-test, indicating improvements in family functioning. However, few individuals completed these assessments. An additional analysis was conducted with seven parents who had both an intake and a second assessment. Participants included in this analysis showed statistically significant improvements in parenting techniques ( $p<.01$ ).

### LEADERSHIP ACADEMY



On average, participant scores on the Leadership Academy assessment did not change very much from pre-test to post-test.

\*Pre-Test N=47; Post-Test N=31.

†Pre-Test N=47.

‡Post-Test N=30.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# POSITIVE PARENTING PROGRAM - TRIPLE P (EC01)

## JEWISH FAMILY SERVICES (JFS)

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT



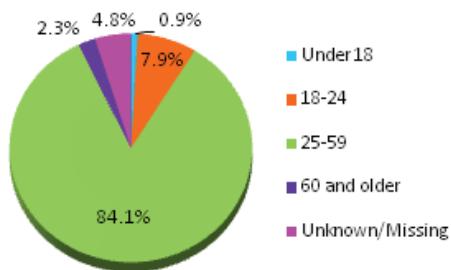
### REGION: NORTH CENTRAL – DISTRICT 4

The Triple P – Positive Parenting Program promotes the development, growth, health, and social competence of young children. Services which are offered at Head Start (HS) and Early Head Start (EHS) Centers are designed to benefit the child by teaching caregivers and Head Start staff specific parenting skills and techniques for managing misbehavior. This Triple P program provides both group-based trainings and individual treatment. Staff are also trained to provide ongoing support to the family/caregiver once the Triple P curriculum is completed. This program serves the Central and North Coastal regions of San Diego.

CONTRACTOR: Jewish Family Services	
CONTRACT START DATE: 9/1/2009	DATA COLLECTION START DATE: Outcomes: 9/29/2009 Demographics: 1/3/2010
PROGRAM SERVICES START DATE: 9/29/2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 1845 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 5005 (May include duplicates)

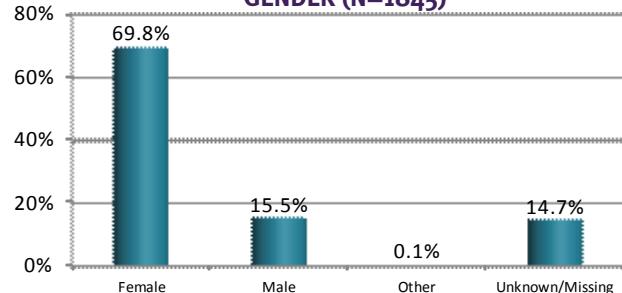
### CAREGIVER DEMOGRAPHICS

AGE (N=1845)



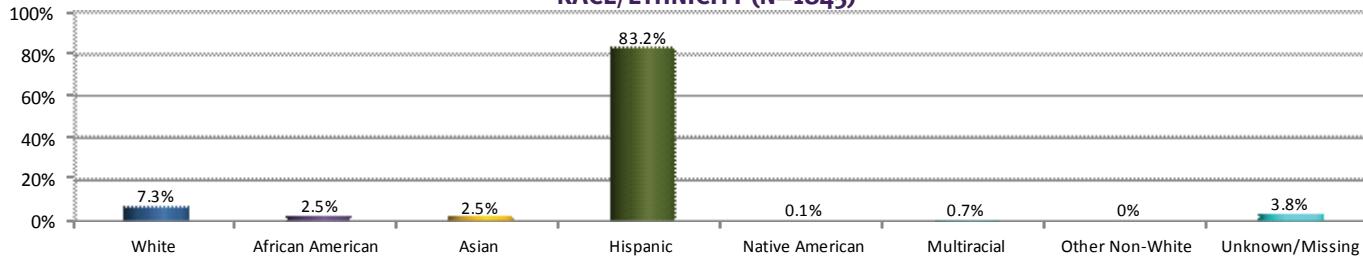
The majority (84%) of the participants served were ages 25-59. Young adults ages 18-24 comprised 8% of the population served.

GENDER (N=1845)



Seventy percent of participants who received services were female.

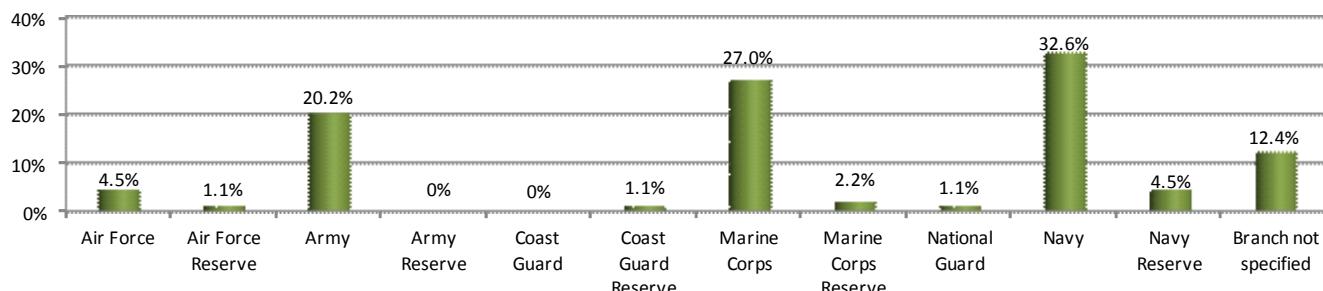
RACE/ETHNICITY (N=1845)



More than 83% of participants who received services identified their race/ethnicity as Hispanic; the majority of Hispanic clients identified their ethnic background as Mexican American/Chicano. Seven percent of participants identified their race/ethnicity as White.

## MILITARY SERVICE

**MILITARY BRANCH (N= 89)\***

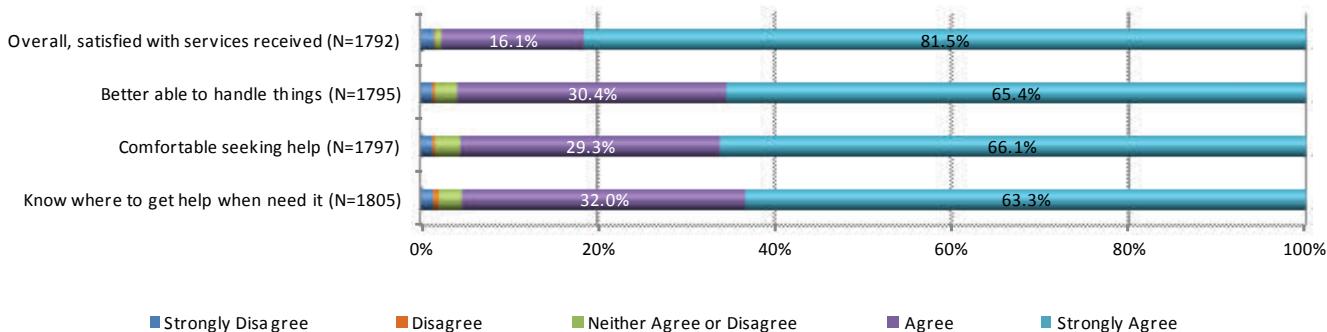


Of the 1606 participants who responded to this question, 95% reported that caregivers had not served in the military. Of the 89 caregivers reported to have served in the military, 29 (33%) served in the Navy, 24 (27%) served in the Marine Corps, 18 (20%) served in the Army and 11 (12%) served in an unspecified branch. The remaining branches were not as highly represented.

\*Participants could have served in more than one military branch so percentages may add up to more than 100%.

## PROGRAM SATISFACTION

**PROGRAM SATISFACTION\***



Most responses to these questions reflected a better ability to handle things and solve problems as a result of the program. Most respondents also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 98% of the respondents indicated satisfaction with the services received.

\*Satisfaction data includes duplicated participants.

## PROGRAM COMPONENTS

PARTICIPATION IN PROGRAM COMPONENTS (N= 615)*	N	Percent
Pilot Seminar†	576	93.7%
Community Seminar‡	405	65.9%
Head Start/ Early Head Start Seminar	574	93.3%
Individual Consultation	49	8.0%
Group Program	239	38.9%
Unknown	24	3.9%

Attendance was the greatest at Pilot and Head Start/ Early Head Start seminars.

\*Participants could have attended more than one component so percentages may add up to more than 100%.

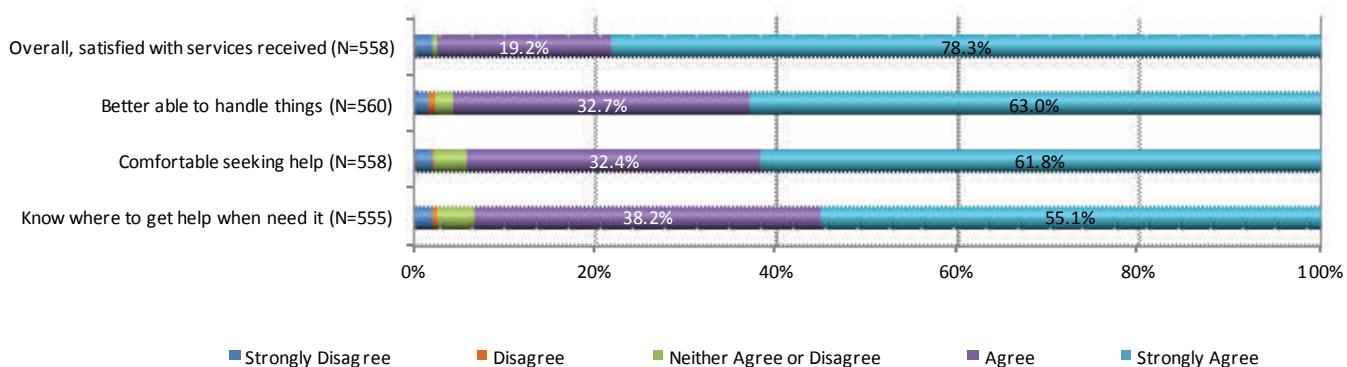
†Pilot seminars are held solely at schools throughout the county. These seminars are for the parents/caregivers of enrolled children.

‡Community seminars are held at various community organizations throughout the county, not including schools.

All parents and caregivers are welcome however, there is an emphasis on childcare providers.

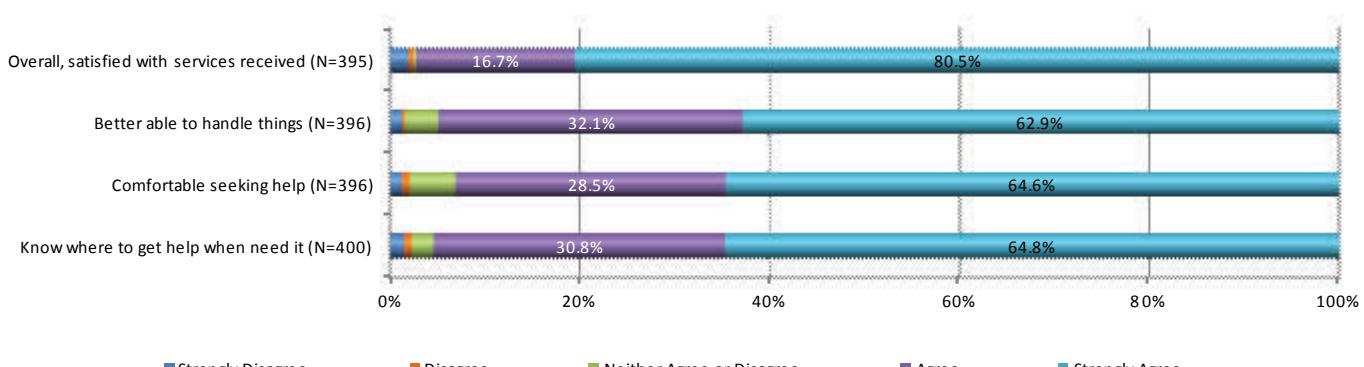
## SATISFACTION BY PROGRAM COMPONENT (Includes duplicated participants)

### PILOT SEMINAR SATISFACTION



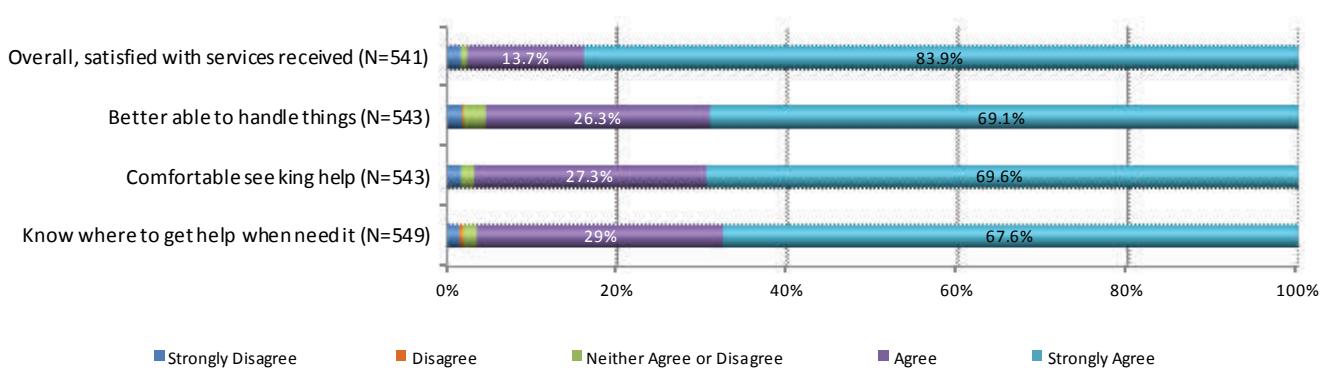
Overall, 98% of the respondents indicated satisfaction with the services received.

### COMMUNITY SEMINAR SATISFACTION



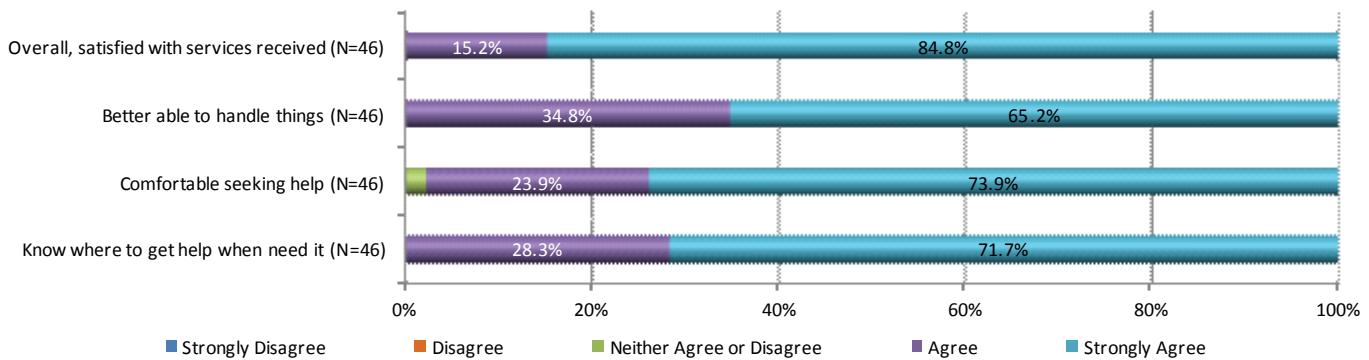
Overall, 97% of the respondents indicated satisfaction with the services received.

### HEAD START/ EARLY HEAD START SEMINAR SATISFACTION



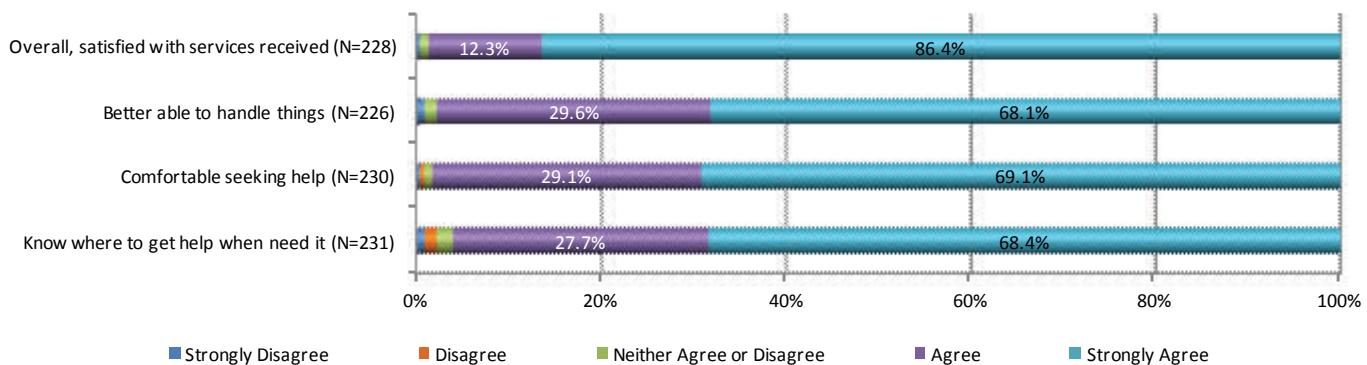
Overall, 98% of the respondents indicated satisfaction with the services received.

### INDIVIDUAL CONSULTATION SATISFACTION



Overall, 100% of the respondents indicated satisfaction with the services received.

### GROUP PROGRAM SATISFACTION



Overall, 99% of the respondents indicated satisfaction with the services received.

Overall, the majority of participants who responded to the satisfaction questions were very satisfied with each of the services offered by Triple P.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.



# KICKSTART (FB01)

## PROVIDENCE COMMUNITY SERVICES

### COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT

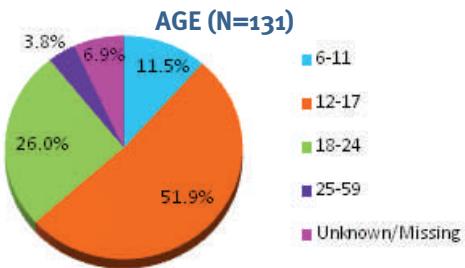


#### REGION: CENTRAL & NORTH CENTRAL- DISTRICT 4

The purpose of this program is to provide prevention and early intervention services to children, adolescents and transition-age youth (TAY) who may have prodromal symptoms of psychosis. The prevention component of the program focuses on community leaders who may have contact with children, youth and TAY in general community settings. These community leaders are provided education and information on early detection of behaviors and symptoms that are risk factors for the development of psychosis. The early intervention component provides an initial screening for youth who are identified as being at-risk for the development of psychosis. Youth who screen positive and decide to participate in the program receive in-depth assessments of their mental health and overall functioning. Youth also receive psycho-education classes, support services, and treatment interventions.

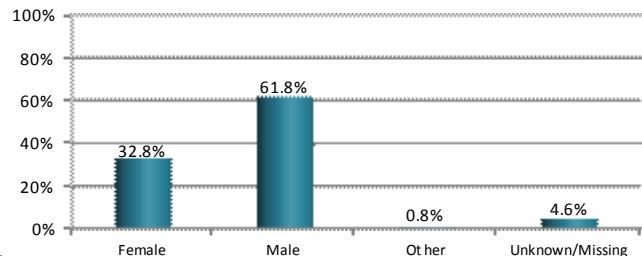
CONTRACTOR: Providence Community Services	
CONTRACT START DATE: 12/1/2009	DATA COLLECTION START DATE: May 2010
PROGRAM SERVICES START DATE: 4/1/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF YOUTH CLIENTS WITH DATA IN FY 2012-13: 131 (Unduplicated) NUMBER OF COMMUNITY CLIENTS WITH DATA IN FY 2012-13: 479 (Duplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION (Duplicated): Community Members who received trainings: 1447 Youth screened: 445 Youth enrolled: 212

#### YOUTH DEMOGRAPHICS



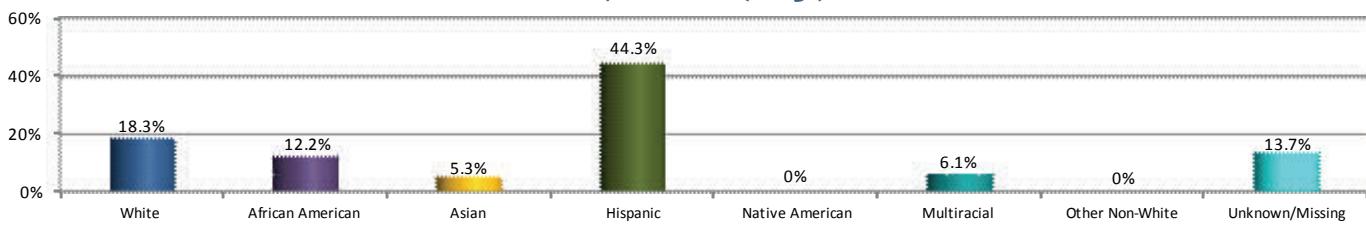
Adolescents and TAY ages 12-24 comprised approximately 78% of the population served.

#### GENDER (N=131)



Sixty-two percent of the participants who received services were male.

#### RACE/ETHNICITY (N=131)



Forty-four percent of the participants who received services identified their race/ethnicity as Hispanic; 86% of Hispanic clients indicated they were of Mexican American/Chicano origin. Approximately 14% of all participants did not identify their race/ethnicity.

## MILITARY SERVICE

Of the 85 participants who responded to this question, 93% indicated that their caregiver had not served in the military. Of the six participants who reported that their caregiver had served in the military, 3 (50%) served in the Navy and 3 (50%) did not identify the branch in which their caregiver served.

## PHONE SCREENS

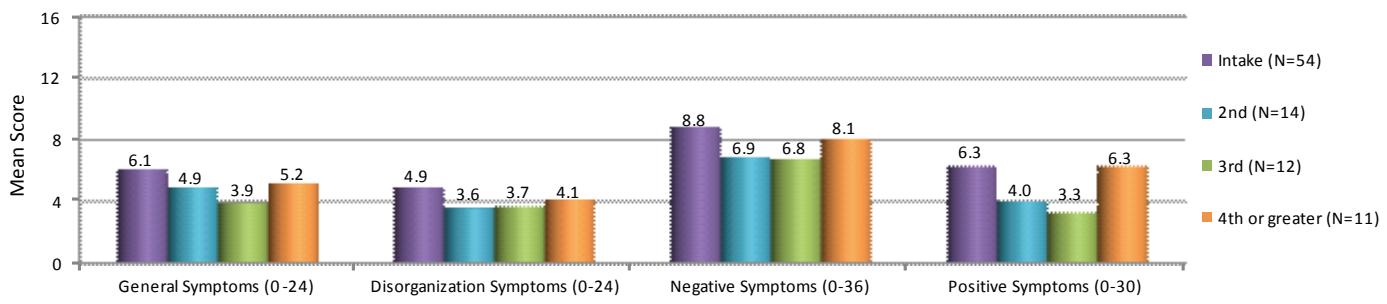
SYMPTOMS REPORTED AT INITIAL SCREENING	N	%
Changes in thinking (odd ideas, grandiosity, suspiciousness, difficulty concentrating), N=49	47	95.9
Changes in perception (auditory, visual, tactile, olfactory abnormalities), N=47	43	91.5
Changes in speech (disorganized communication, tangential speech), N=42	36	85.7
Changes in view (of self, others, or the world in general), N=47	39	83.0
Changes in emotions (depression, mood swings, irritability, flat affect), N=50	47	94.0
Vegetative symptoms (sleep problems, changes in appetite, social isolation), N=50	46	92.0
Family history of mental illness (schizophrenia, bipolar disorder, schizoaffective disorder, psychosis), N=46	31	67.4
Dramatic reduction of overall functioning, N=44	36	81.8

In FY 12-13, 81 youth were screened for admission into the Kickstart program. Of those 81 youth, 64 were eligible for a further evaluation. Of the 64 youth who were evaluated, 51 were eligible for Kickstart services. Not all clients had complete data for every item on the phone screen. The majority of the clients who screened positive for the Kickstart program had experienced changes in emotions, changes in thinking, and vegetative symptoms. Most of the clients had experienced a dramatic reduction in functioning.

## PARTICIPANTS' CHANGE OVER TIME

### CHANGE IN PRODROMAL SYMPTOMS

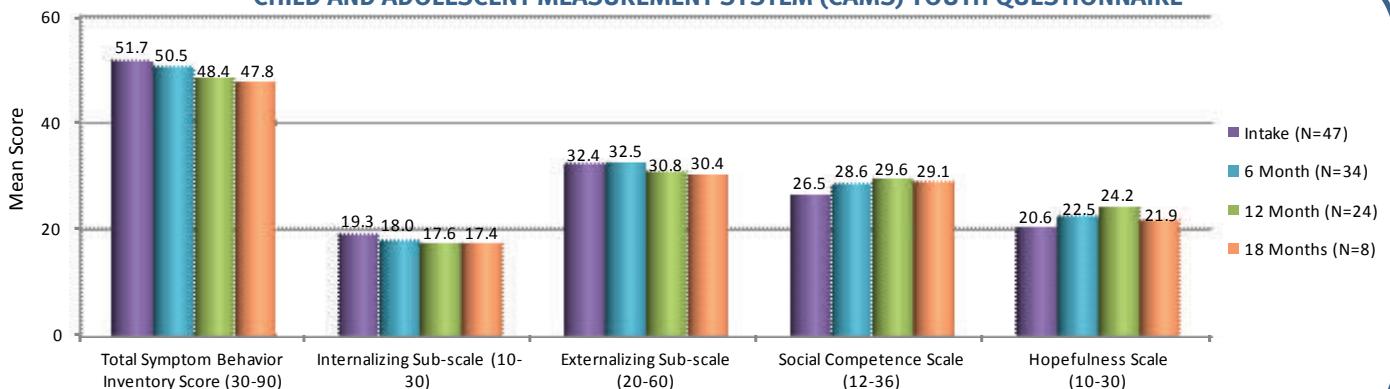
SCALE OF PRODROMAL SYMPTOMS (SOPS)



Higher scores on any of these SOPS domains indicate higher symptom severity. On average, by the fourth or greater assessment, the severity of prodromal symptoms decreased as compared to intake. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvements in the Positive Symptoms scale (N=30, p<.01) and in the Disorganization Symptoms scale (N=30, p<.05).

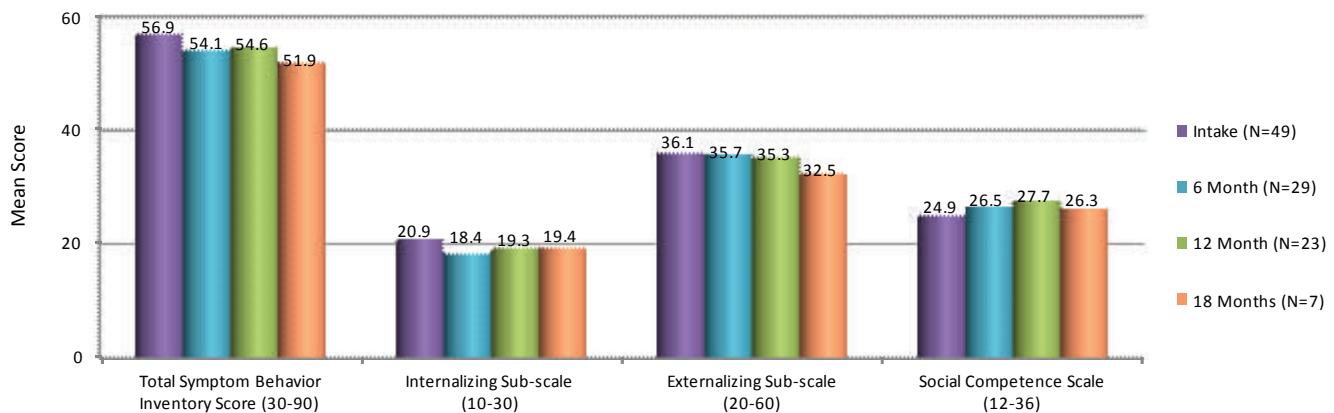
## CHANGE IN GENERAL MENTAL HEALTH SYMPTOMS

### CHILD AND ADOLESCENT MEASUREMENT SYSTEM (CAMS) YOUTH QUESTIONNAIRE



A *decrease* on the Total Symptom Behavior, Internalizing or Externalizing scale indicates improvement, and an *increase* on the Social Competence or Hopefulness scale indicates improvement. Twelve months after entry into the Kickstart program, the majority of youth participants reported slight improvements in symptoms of internalizing and externalizing disorders as compared to intake. On average, youth reported an increase in their own social competence and their feelings of hopefulness. A decrease was noted in the hopefulness and social competence scales at 18 months as compared to 12-month scores. However the number of youth with 18-month assessments was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvement in their total scores (N=45, p<.001) and their scores on each of the subscales– Internalizing (N=45, p<.001), Externalizing (N=45, p<.001), Social Competence (N=44, p<.01) and Hopefulness (N=44, p<.01).

### CHILD AND ADOLESCENT MEASUREMENT SYSTEM (CAMS) PARENT QUESTIONNAIRE



A *decrease* on the Total Symptom Behavior, Internalizing or Externalizing scales, and an *increase* on the Social Competence scale, indicates improvement. Twelve months after entry into the Kickstart program, most parents reported improvement in their child's social competence, as well as symptoms of internalizing and externalizing disorders, as compared to intake. A decrease was noted in the parent report of their child's social competence at 18 months as compared to 12-month scores. However, the number of parents with 18-month assessments was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvement in their total scores (N=41, p<.001) and their scores on each of the subscales– Internalizing (N=41, p<.001), Externalizing (N=41, p<.01) and Social Competence (N=41, p<.001).

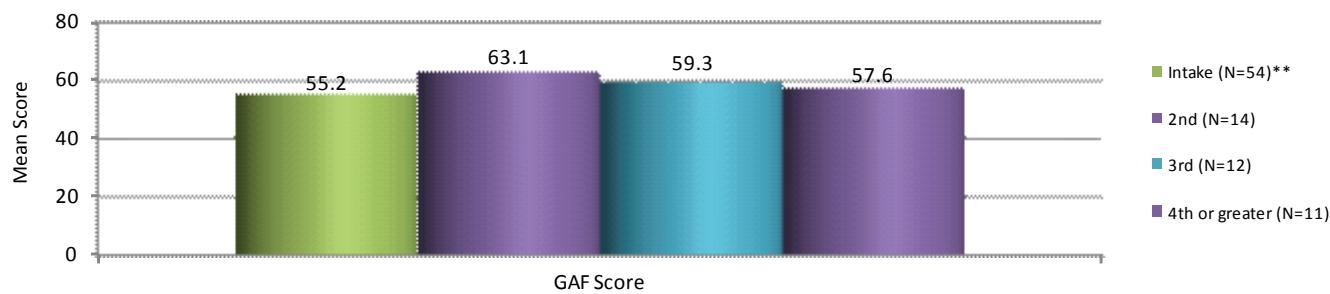
### CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE (CFARS)

CFARS Domain (1-9)*	Intake (N=23) Mean (SD)	Second Assessment (N=15) Mean (SD)	Third Assessment (N=8) Mean (SD)
Depression	4.0 (1.8)	3.3 (1.4)	3.3 (0.8)
Anxiety	3.5 (1.3)	3.8 (1.6)	3.6 (1.4)
Hyperactivity	2.9 (1.4)	3.3 (1.6)	3.0 (1.6)
Thought Process	4.0 (1.7)	3.6 (1.6)	3.7 (1.5)
Cognitive Performance	3.3 (1.7)	2.7 (1.7)	2.6 (1.8)
Medical /Physical	1.2 (0.7)	1.0 (0.0)	1.3 (0.7)
Traumatic Stress	2.3 (1.6)	3.0 (2.4)	2.9 (1.4)
Substance Use	1.9 (1.6)	1.3 (0.5)	2.0 (1.6)
Interpersonal Relationships	3.6 (1.4)	3.4 (1.8)	2.5 (1.4)
Behavior in "Home" Setting	3.2 (2.0)	3.1 (2.2)	2.7 (1.3)
ADL Functioning	1.7 (1.3)	1.5 (0.7)	1.5 (0.7)
Socio-Legal	1.4 (0.8)	1.7 (1.4)	1.9 (1.7)
Work/School	4.7 (2.0)	3.7 (1.7)	4.0 (1.8)
Danger to Self	2.5 (2.1)	2.0 (1.3)	3.0 (1.3)
Danger to Others	1.2 (1.4)	1.8 (1.5)	1.9 (1.7)
Security/Management Needs	1.8 (1.3)	2.1 (1.5)	2.2 (1.5)

A decrease on any CFARS variable is considered an improvement. On average, clinicians reported improvement on 10 of the 16 CFARS domains from intake to the second assessment. However, the number of clients with a third assessment was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvements in depression (N=19, p<.01), hyperactivity (N=19, p<.01) and thought process (N=19, p<.01) domains.

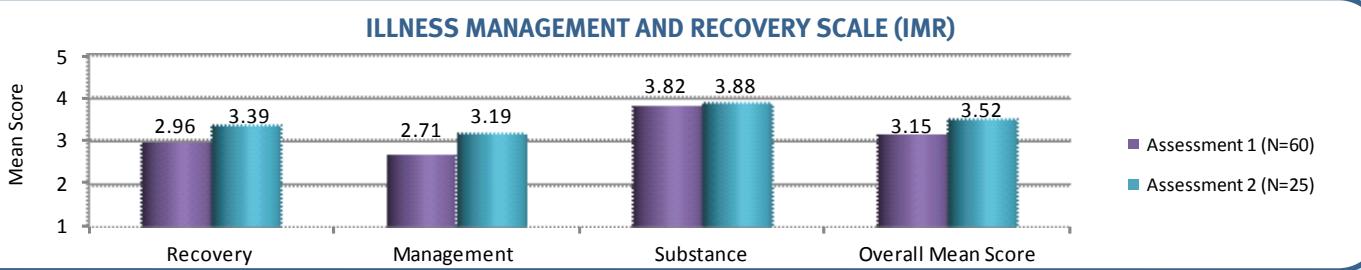
\* Range of Scores: 1 = No Problem, 9 = Extreme Problem.

### CHANGE IN GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES

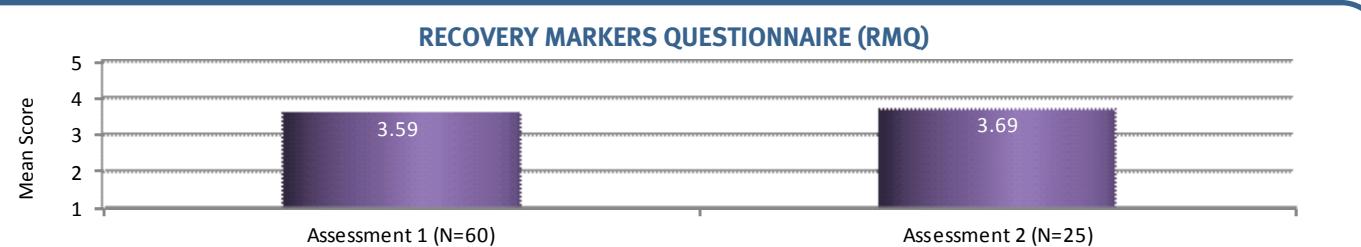


The GAF is scored on a scale of 0-100; a higher score indicates better social and psychological functioning. On average, participants' functioning had improved by the fourth or greater Kickstart assessment as compared to intake.

\*\*2 participants were missing a GAF score.



The IMR assessment is completed by clinicians for participants who are ages 18 and older. Scoring ranges between 1-5; an increase on any IMR domain indicates improvement. Client scores on the IMR increased following intake into the Kickstart program. This indicates that clients became better at managing their illness and achieving their goals. An additional analysis was conducted with participants who had both an intake and a second assessment. Participants included in this analysis showed statistically significant improvements on the management sub-scale (N=25, p<0.1).



The RMQ assessment is given to participants who are ages 18 and older. Scoring ranges between 1-5; an increase on the RMQ indicates improvement. On average, client scores on the RMQ showed an increase from the first to the second assessment in the Kickstart program.

SUBSTANCE ABUSE TREATMENT SCALE-REVISED (SATS-R)		
SATS-R STATUS	Intake (N=54) n (%)	Second Assessment (N=16) n (%)
In Remission or Recovery	22 (40.7%)	4 (25.0%)
In Treatment	12 (22.2%)	8 (50.0%)
Persuasion*	7 (13.0%)	2 (12.5%)
Engagement†	8 (14.8%)	2 (12.5%)
Pre-Engagement‡	5 (9.3%)	0 (0%)

By the second assessment, the majority (75%) of Kickstart clients who received a SATS-R were in treatment or in remission/recovery.

\*Client has regular contact with a counselor or case manager and has reduced his or her substance abuse in the past month.

†Client has some contact with a case manager and/or counselor and meets criteria for substance abuse or dependence.

‡Client does not have contact with any case managers or counselors and meets criteria for substance abuse or dependence.

CHANGE IN SUBSTANCE ABUSE TREATMENT SCALE-REVISED (SATS-R, N=16)*		
CHANGE	N	%
Decline†	5	31.3
No Change	4	25.0
Positive Change	5	31.3
Remission both time points	2	12.5

Forty-four percent of Kickstart clients improved or sustained remission from intake to most recent assessment.

\*Change in SATS-R status for clients with an intake and second assessment.

†A decline in remission status is considered a movement downward in the SATS-R status domain chart above.

## PARTICIPANTS' CHANGE IN FUNCTIONING (clients ages 18 and up)

RESIDENTIAL STATUS		
RESIDENTIAL STATUS DOMAINS	Intake (N=30) n (%)	Last Assessment (N=25) n (%)
Assisted/Supported*	17 (56.7%)	16 (64.0%)
Independent Living Facility	7 (23.3%)	4 (16.0%)
Supervised Facility	4 (13.3%)	4 (16.0%)
Treatment Institutions	1 (3.3%)	0 (0.0%)
Homeless not seeking change†	1 (3.3%)	1 (4.0%)

Sixty-four percent of Kickstart clients were in an assisted/supported living situation (this includes youth living at home with their family) at the most recent assessment.

\*Client lives in a house, apartment or similar setting and may live alone or with others. Client has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for monitoring and/or assisting with residential responsibilities.

†Client is not working toward obtaining housing.

CHANGE IN RESIDENTIAL STATUS (N=24)*		
CHANGE	N	%
Decline†	6	25.0
No change	16	66.7
Positive Change	2	8.3

Nearly 67% of Kickstart clients did not experience a change in residential status from intake to most recent assessment.

\*Change in residential status for clients with an intake and second assessment.

†A decline in residential status is considered a movement downward in the residential status domain chart above.

EDUCATIONAL STATUS		
EDUCATIONAL STATUS DOMAINS	Intake (N=31) n (%)	Last Assessment (N=25) n (%)
Trade School	2 (6.5%)	2 (7.4%)
Vocational Center	7 (22.6%)	7 (25.9%)
High School or GED	0 (0.0%)	0 (0.0%)
Adult Education	12 (38.7%)	2 (7.4%)
Other	0 (0.0%)	1 (3.7%)
Exploring Education	0 (0.0%)	0 (0.0%)
Considering Education	3 (9.7%)	7 (25.9%)
No education of any kind	4 (12.9%)	6 (22.2%)
Missing	3 (9.7%)	2 (7.4%)

A greater percentage of Kickstart clients were considering education at most recent assessment (26%), as compared to intake (10%).

CHANGE IN EDUCATIONAL STATUS (N=25)*		
CHANGE	N	%
Decline†	5	20.0
No change	13	52.0
Positive Change	7	28.0

Slightly more Kickstart clients experienced a positive change (28%) versus a negative change (20%) in educational status from intake to most recent assessment. Some clients may not be pursuing improvements in education due to current employment.

\*Change in educational status for participants with an intake and second assessment.

†A decline in educational status is considered a movement downward in the educational status domain chart above.

## EMPLOYMENT STATUS

EMPLOYMENT STATUS DOMAINS	Intake (N=30) n (%)	Last Assessment (N=26) n (%)
Independent Competitive Employment	0 (0.0%)	0 (0.0%)
Assisted Competitive	4 (13.3%)	8 (30.8%)
Job Coach	1 (3.3%)	1 (3.8%)
Transitional Employment	0 (0.0%)	0 (0.0%)
Agency Paid Transitional Employment	0 (0.0%)	0 (0.0%)
In-House Transitional Employment	0 (0.0%)	0 (0.0%)
Work Crew	0 (0.0%)	0 (0.0%)
Sporadic/Casual Employment	0 (0.0%)	0 (0.0%)
Non-paid Work Experience	1 (3.3%)	3 (11.5%)
Exploring Employment	0 (0.0%)	1 (3.8%)
Considering Employment	6 (20.0%)	5 (19.2%)
No Employment of Any Kind	5 (16.7%)	5 (19.2%)
Missing	13 (43.3%)	3 (11.5%)

A greater percentage of Kickstart clients were employed or engaged in work experience at most recent assessment (46%), as compared to intake (20%).

## CHANGE IN EMPLOYMENT STATUS (N=20)\*

CHANGE	N	%
Decline†	2	10.0
No change	6	30.0
Positive Change	12	60.0

Sixty percent of Kickstart clients experienced a positive change in employment status from intake to most recent assessment. Some clients may not be pursuing improvements in employment due to current educational status.

\*Change in employment status for participants with an intake and second assessment.

†A decline in employment status is considered a movement downward in the employment status domain chart above.

## FAMILY MEMBER PARTICIPATION

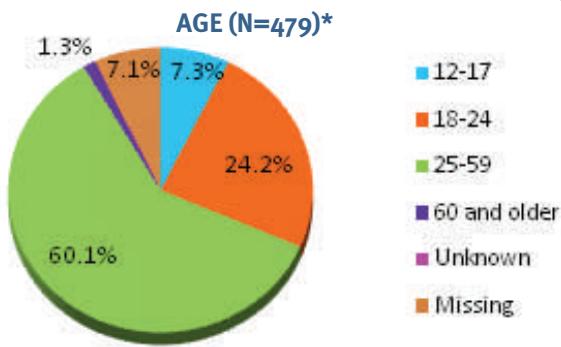
### FAMILY EDUCATION WORKSHOP\*

Of the 79 caregivers who attended the family psycho-education group and completed both a pre-test and a post-test, 33 (41.8%) demonstrated an increase in knowledge of how to support youth with prodromal symptoms. Additionally, 18 caregivers (22.8%) had a perfect score on both the pre-test and the post-test.

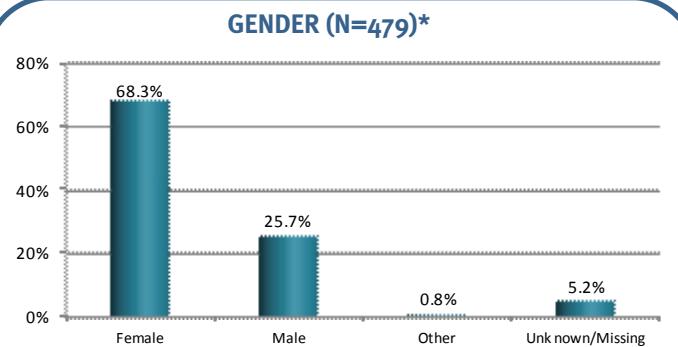
\*May include duplicate clients.

## COMMUNITY SEMINARS OUTREACH COMPONENT

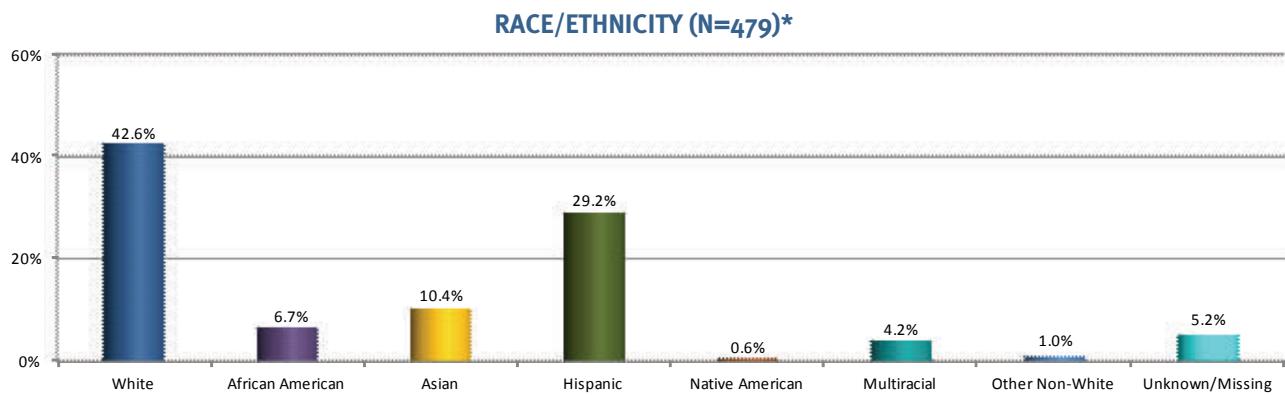
### DEMOGRAPHICS



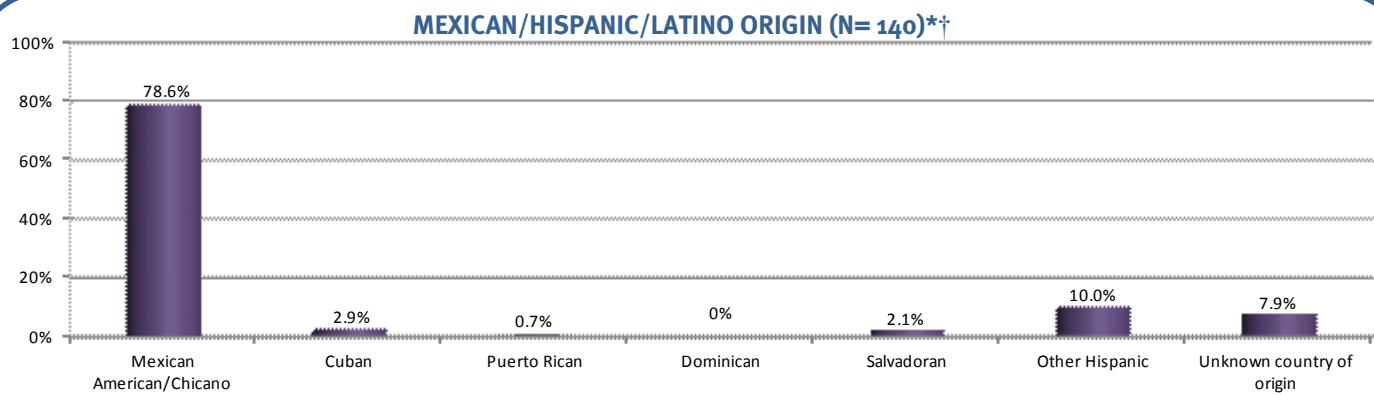
More than 84% of community members that were served by the outreach component were ages 18-59.



Approximately 68% of the community members who participated in the outreach component were female.



Seventy-two percent of community members who participated in the outreach component identified their ethnic background as White or Hispanic.



Seventy-nine percent of the Hispanic population served identified their ethnic background as Mexican American/ Chicano.

\*Outreach demographics may include duplicated clients.

†Participants can self-identify as more than one race so percentages may add up to more than 100%.

COMMUNITY ROLE	
EMPLOYMENT STATUS DOMAINS	FY12-13 (N=479)* n (%)
<b>PROFESSIONALS</b>	
Medical Professional	19 (4.0%)
Mental Health Professional	110 (23.0%)
School Professional	65 (13.6%)
Law Enforcement Professional	5 (1.0%)
Substance Abuse Counselor	17 (3.5%)
Employer	21 (4.4%)
<b>COMMUNITY MEMBERS AND LEADERS</b>	
Member of Community Group	55 (11.5%)
Multicultural Leader	10 (2.1%)
Member of Clergy	5 (1.0%)
Member of Media	1 (0.2%)
Parent	52 (10.9%)
<b>STUDENTS AND STUDENT LEADERS</b>	
Youth Worker	59 (12.3%)
College Resident Assistant	5 (1.0%)
Middle School Student	4 (0.8%)
High School Student	35 (7.3%)
College Student	185 (38.6%)

Thirty-seven percent of the participants in the outreach program were mental health or school professionals.

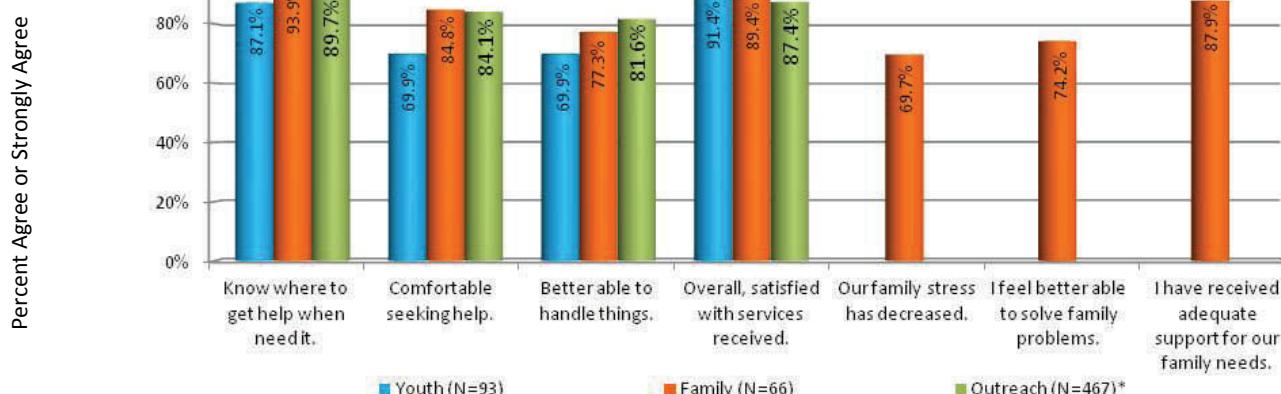
*\*Participants can self-identify as more than one role so numbers and percentages may add up to more than the N or 100%.*

## GATEKEEPER TRAINING

Of the 479 community members who attended the outreach trainings and completed both a pre-test and a post-test, 341 (71.2%) demonstrated an increase in knowledge of risk factors for the development of psychosis and early intervention procedures. Additionally, 37 community members (7.7%) had a perfect score on both the pre-test and the post-test.

## KICKSTART PARTICIPANT SATISFACTION

### SATISFACTION



Most of the youth, caregivers, and community members who responded to satisfaction questions agreed that they were better able to handle things and solve problems as a result of the Kickstart program.

\* "Know where to get help" had N=465; "Comfortable seeking help" had N=466; Overall satisfaction had N=462.

**The Child and Adolescent Services Research Center (CASRC)** is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.



# DREAM WEAVER CONSORTIUM (NA01)

## INDIAN HEALTH COUNCIL

### COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012–13 ANNUAL REPORT



#### REGION: COUNTY-WIDE

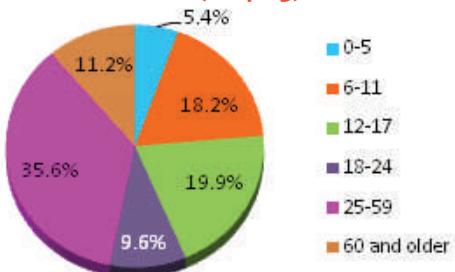
The Dream Weaver Consortium offers four different PEI programs provided by the Urban Youth Center, Indian Health Council, Southern Indian Health Council, and the Sycuan Medical/Dental Center. Sycuan Medical/Dental Center did not see clients during FY 2012-13. These providers offer prevention activities that promote community and cultural awareness. These activities include: traditional health gatherings, cultural programs, basket weaving instruction (a local tradition for many tribes), nutrition programs, self-esteem workshops, positive parenting classes, exercise programs, and the promotion of overall increased medical and dental health. Additionally, the Urban Youth Center provides counseling services. All of these activities are intended to prevent the onset of serious mental health problems.

CONTRACTOR: Indian Health Council

CONTRACT START DATE: 4/13/2009	DATA COLLECTION START DATE: April 2009
PROGRAM SERVICES START DATE: April 2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 4645 (Duplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 14,736 (May include duplicates)

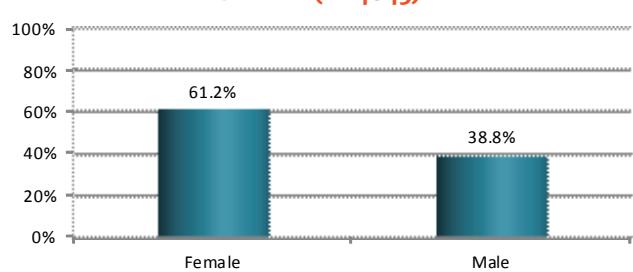
#### YOUTH AND CAREGIVER DEMOGRAPHICS\*

AGE (N=4013)



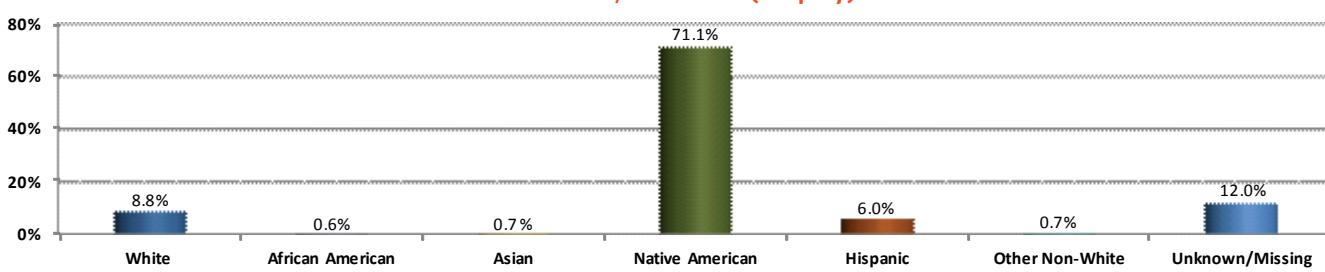
Children and youth ages 0 to 17 comprised 44% of the population served. The majority of the adults were ages 25-59 (36%).

GENDER (N=4645)



Sixty-one percent of participants were female.

RACE/ETHNICITY (N=4027)

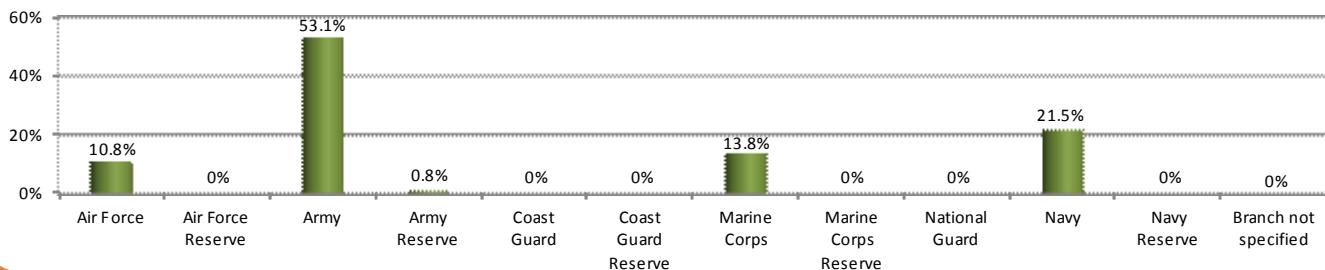


Seventy-one percent of participants who received services identified their race/ethnicity as Native American.

\*Demographics data were compiled from QSRs because HOMS data were unavailable.  
Different participant counts were reported for each variable.

## MILITARY SERVICE

MILITARY BRANCH (N=130)\*

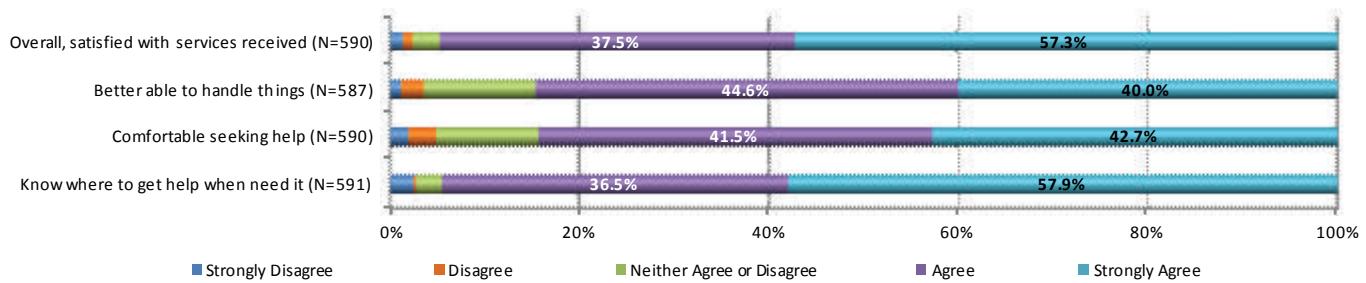


Caregivers were asked in which branch of the military they had served. Of the 130 who responded, 69 (53%) served in the Army, 28 (22%) served in the Navy, 18 (14%) served in the Marine Corps, 14 (11%) served in the Air Force, and 1 (1%) served in the Army Reserve.

\*Participants may have served in more than one branch so percentages may add up to more than 100%.

## PROGRAM SATISFACTION

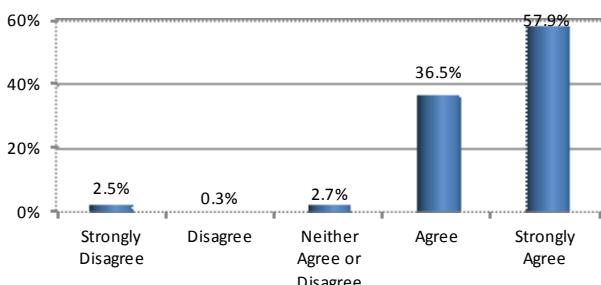
PROGRAM SATISFACTION\*



The majority of participants did not respond to program satisfaction questions. Of those that did respond, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they felt more comfortable seeking help now. Overall, 95% of the participants who responded to these questions were satisfied with the services received.

\*Satisfaction data not available for all participants.

I KNOW WHERE TO GET HELP (N=591)

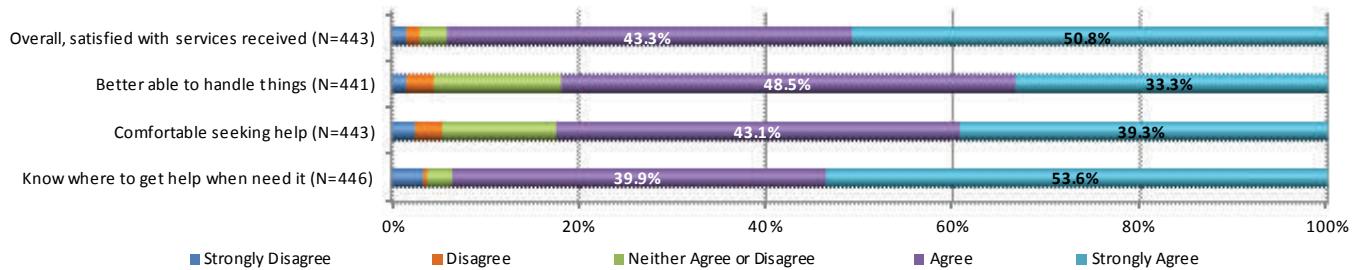


Ninety-four percent of participants responding to this question reported that they knew where to get help when they needed it. Approximately 3% did not agree with this statement.

“ I know where to get help when I need it.”

## SATISFACTION BY PROVIDER

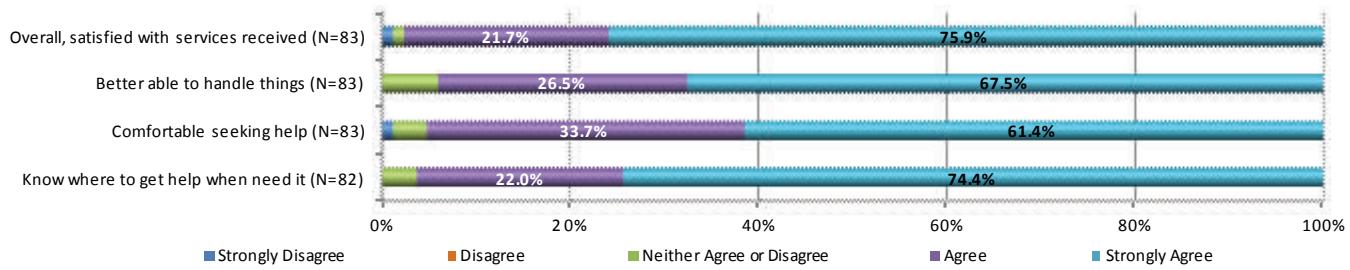
### PROGRAM SATISFACTION: INDIAN HEALTH COUNCIL\*



Most participants who responded to these questions agreed that they were better able to handle things and solve problems as a result of the Indian Health Council programs. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 94% of the participants were satisfied with the services received.

*\*Satisfaction data not available for all participants.*

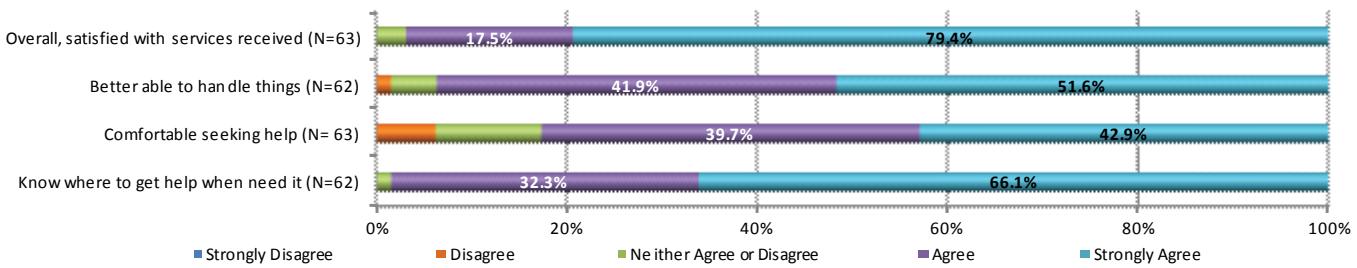
### PROGRAM SATISFACTION: SOUTHERN INDIAN HEALTH COUNCIL\*



Most participants who responded to these questions agreed that they were better able to handle things and solve problems as a result of the Southern Indian Health Council's programs. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 98% of the participants were satisfied with the services received.

*\*Satisfaction data not available for all participants.*

### PROGRAM SATISFACTION: URBAN YOUTH CENTER\*



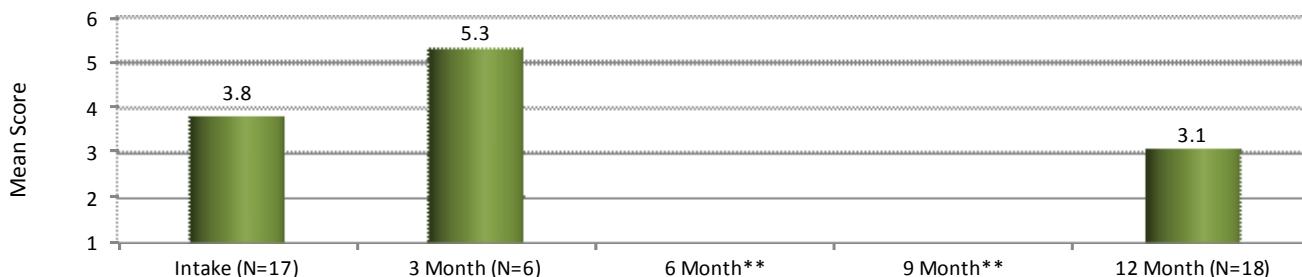
Most participants who responded to these questions agreed that they were better able to handle things and solve problems as a result of the Urban Youth Center programs. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 97% of the participants were satisfied with the services received.

*\*Satisfaction data not available for all participants.*

# URBAN YOUTH CENTER SPECIFIC OUTCOMES

## SYMPTOMS OF DEPRESSION

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)



The PHQ-9 is a 9-item assessment of depression. Scores can range between 0-27, and scores greater than 5 suggest mild to severe depression. A decrease on the PHQ-9 indicates improvement. In general, clients had few symptoms of depression. On average, UYC client scores were lower at their most recent assessment as compared to intake.

*\*\*Mean score not calculated for timepoints with fewer than two assessments.*

CHANGE IN PHQ-9 (N=12)\*

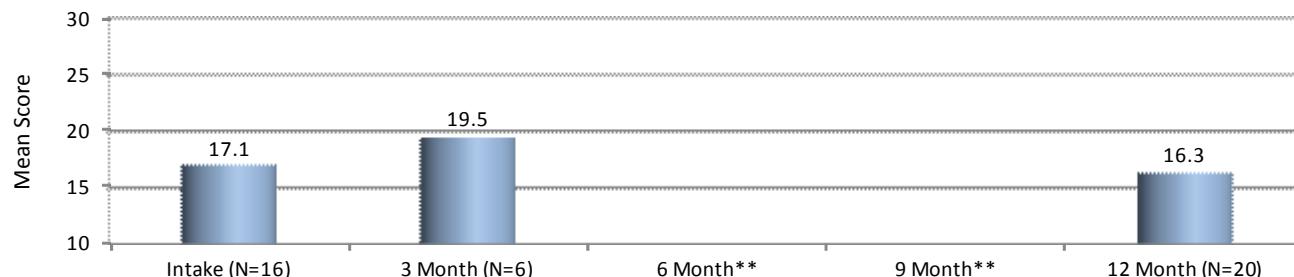
CHANGE	N	%
Improvement	6	50.0
No change (no depression at intake)	1	8.3
No change	0	0.0
Decline	5	41.7

Seven of the twelve UYC clients either improved or remained symptom-free from intake to their most recent assessment. The remaining five clients had an increase in the severity of his/ her depression.

*\*Change in PHQ-9 for clients with an intake and second assessment.*

## SELF-ESTEEM

ROSENBERG SELF-ESTEEM SCALE (RSE)



The RSE is a 10-item measure of self-esteem. Scores range between 10-40 and a decrease on the RSE indicates improvement. On average, UYC client scores on the RSE were lower at their most recent assessment as compared to intake.

*\*\*Mean score not calculated for timepoints with fewer than two assessments.*

CHANGE IN RSE (N=13)*		
CHANGE	N	%
Improvement	7	53.8
No change (Perfect score at intake and most recent assessment)	0	0.0
No change	2	15.4
Decline	4	30.8

Seven of the thirteen UYC clients had an improvement in their level of self-esteem from intake to their most recent assessment. Four clients showed declines in their levels of self-esteem.

\*Change in RSE for clients with an intake and second assessment.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.



# PEER2PEER FAMILY SUPPORTLINE (PS01)

## MENTAL HEALTH SYSTEMS INC.

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



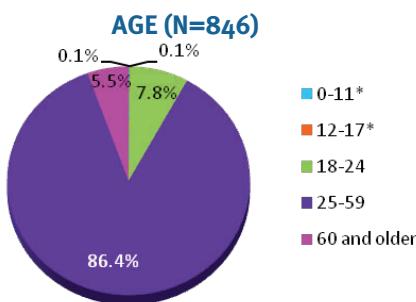
### REGION: NORTH CENTRAL– DISTRICT 4

Peer2Peer provides non-emergency, confidential, telephone peer-counseling services to youth and families in San Diego County. The Family Supportline is staffed by caretakers who have children who have been involved with the behavioral health system. The staff provide culturally-competent information, support, and referrals to needed resources. Services are provided during late afternoons and evenings for a minimum of five days per week. A licensed supervising clinician is available for four hours per week to provide consultation on handling complex phone contacts. *Participant responses to demographics and satisfaction questions were reported to an automated telephone system. Therefore, data for this program are reported in a different manner from other programs.*

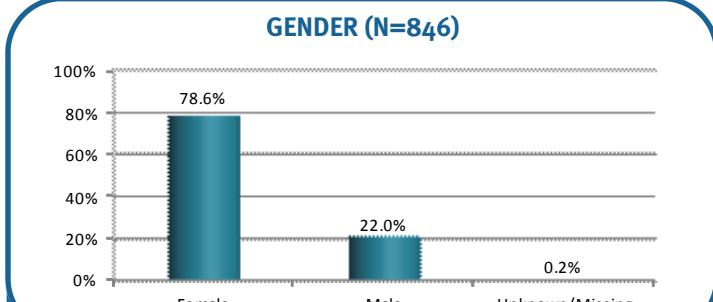
CONTRACTOR: Mental Health Systems Inc.

CONTRACT START DATE: 5/10/2010	DATA COLLECTION START DATE: 7/1/2010
PROGRAM SERVICES START DATE: 5/17/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 846 (May include duplicates)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 2493 (May include duplicates)

### CAREGIVER DEMOGRAPHICS



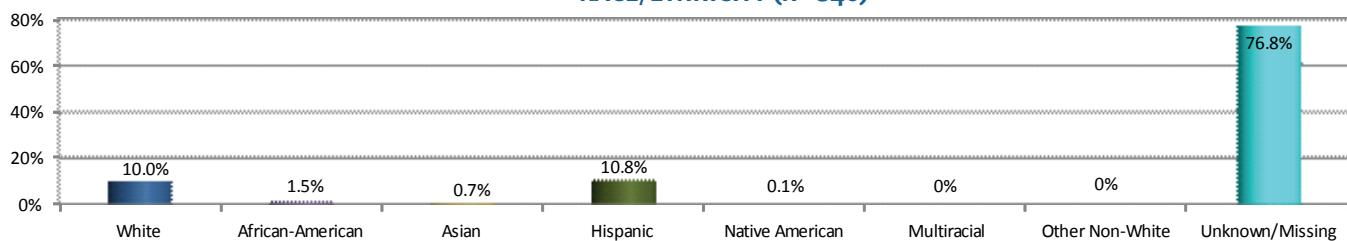
The majority (87%) of callers were ages 25-59; approximately 8% of callers were adolescents and young adults ages 12-24.



Seventy-nine percent of callers reported they were female; 22% of callers reported they were male.

\*Sometimes youth call the Family Supportline and prefer to remain speaking to the Supportline staff rather than transferring to the Youth Talkline.

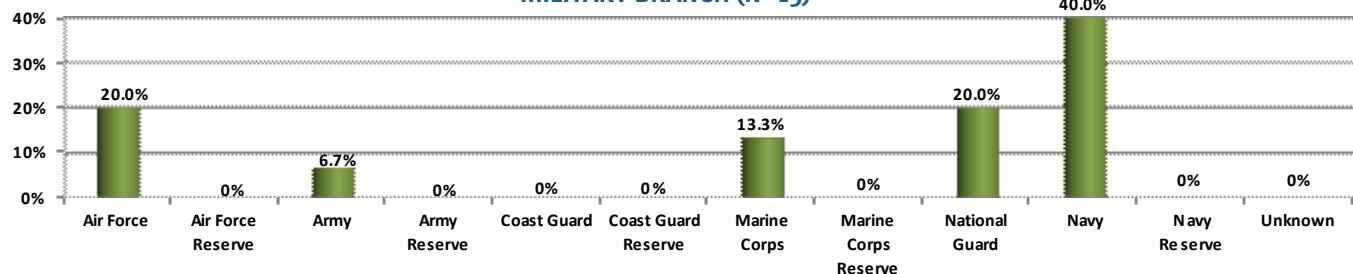
### RACE/ETHNICITY (N=846)



The majority of the callers (77%) did not identify their race/ethnicity. Approximately 11% of callers identified their race/ethnicity as Hispanic and 10% of callers identified their race/ethnicity as White. Of those identifying as Hispanic, the majority (78%) indicated they were Mexican American/Chicano.

## MILITARY SERVICE

MILITARY BRANCH (N=15)\*

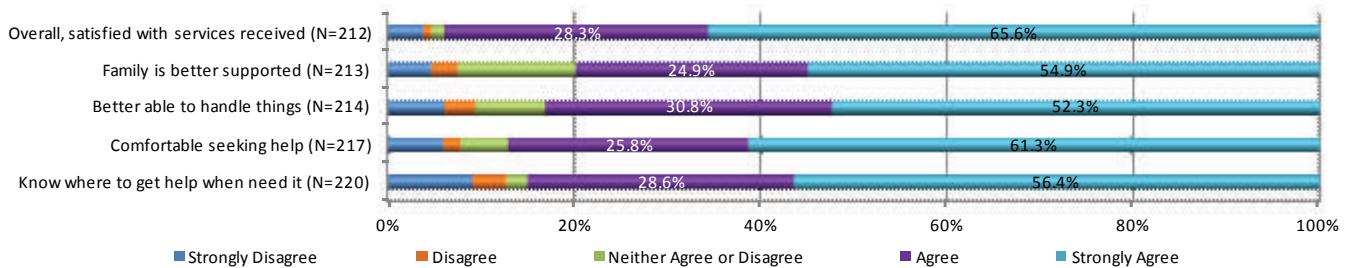


Callers were asked if the youth's caregiver had served in the military. Of the 180 callers who responded, 15 (8%) reported caregiver service in the military. Six (40%) reported service in the Navy, 3 (20%) reported service in the Air Force and 3 (20%) reported service in the National Guard. The remaining branches were not as highly represented.

\*Caregivers could have served in more than one branch so percentages may add up to more than 100%.

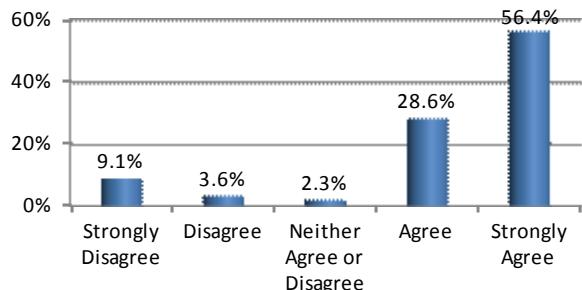
## PROGRAM SATISFACTION

PROGRAM SATISFACTION



The majority of callers did not respond to program satisfaction questions. Of those that did respond, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they felt more comfortable seeking help now. Overall, 94% of the callers who responded were satisfied with the services received.

I KNOW WHERE TO GET HELP (N=220)

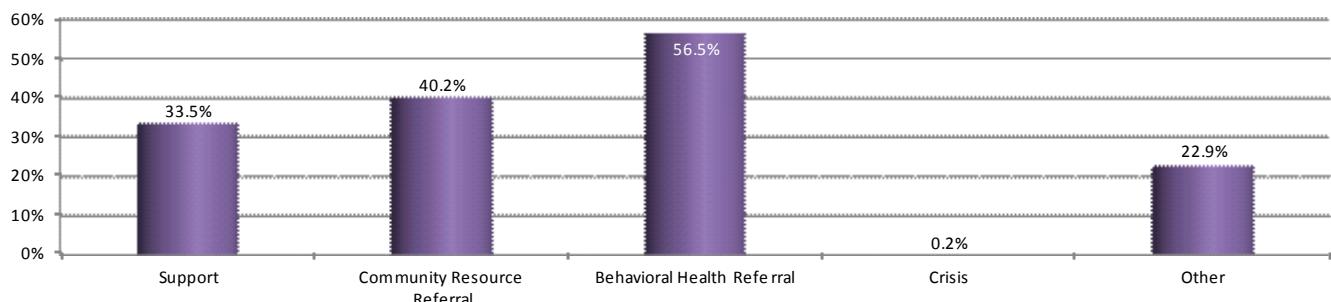


Eighty-five percent of callers responding to this question reported that they knew where to get help when they needed it. Approximately 13% did not agree with this statement.



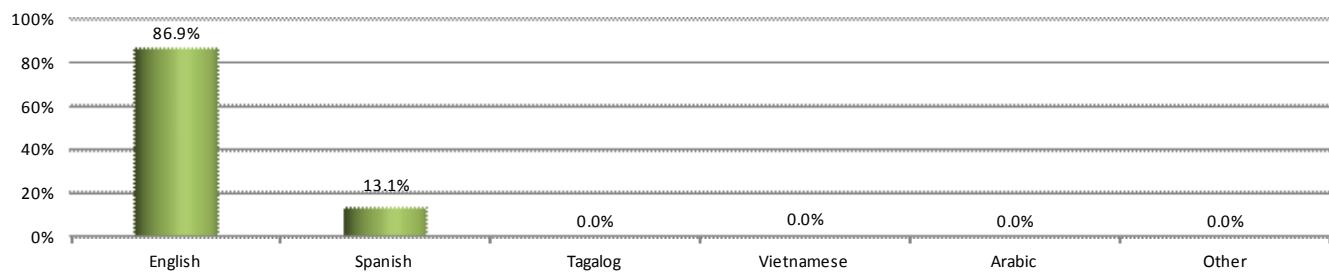
## PROGRAM SPECIFIC QUESTIONS

### FAMILY SUPPORTLINE TYPE OF CALL (N=846)



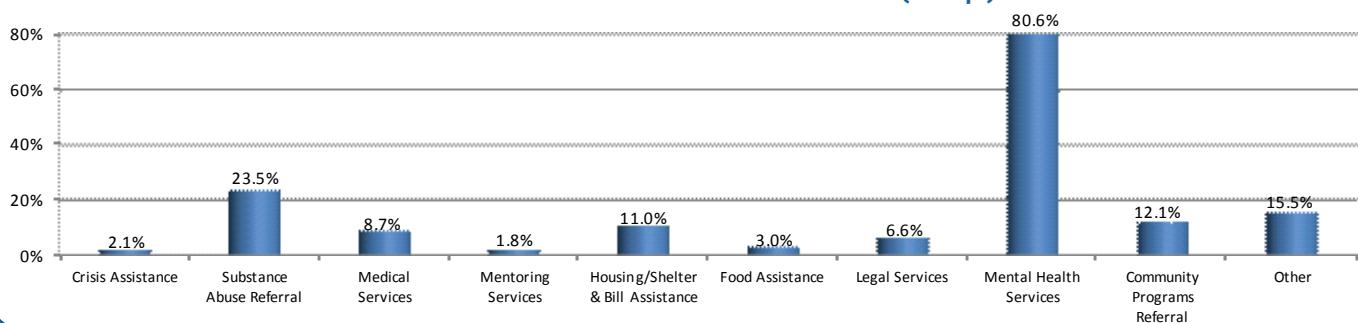
The majority (57%) of Family Supportline calls were classified as behavioral health referrals. Forty percent of calls were community resource referrals. The remaining calls were categorized as support (34%), crisis (0.2%) and other topics not specified (23%).

### FAMILY SUPPORTLINE CALL LANGUAGE (N=846)



The majority (87%) of calls transpired in English. The remaining 13% of calls took place in Spanish.

### FAMILY SUPPORTLINE REFERRAL CATEGORIES (N=846)\*



The majority of callers received referrals for mental health services (81%) and substance abuse services (24%). Approximately 12% received referrals for community programs.

\*Some callers may receive referrals to more than one type of program so percentages may add up to more than 100%.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# PEER2PEER YOUTH TALKLINE (PS01)

MENTAL HEALTH SYSTEMS INC.

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



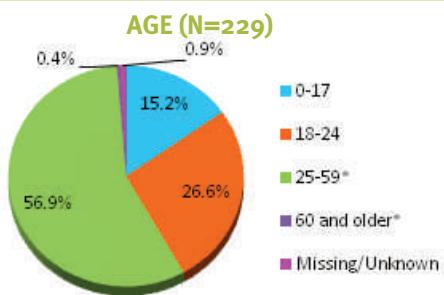
## REGION: NORTH CENTRAL– DISTRICT 4

Peer2Peer provides non-emergency, confidential, telephone peer-counseling services to youth and families in San Diego County. The Youth Talkline is staffed by youth who have had prior experience with the behavioral health system. The staff provide culturally-competent information, support, and referrals to needed resources, as well as appropriate services. Services are provided during late afternoons and evenings for a minimum of five days per week. A licensed supervising clinician is available for four hours per week to provide consultation on handling complex phone contacts. *Participant responses to demographics and satisfaction questions were reported to an automated telephone system. Therefore, data for this program are reported in a different manner from other programs.*

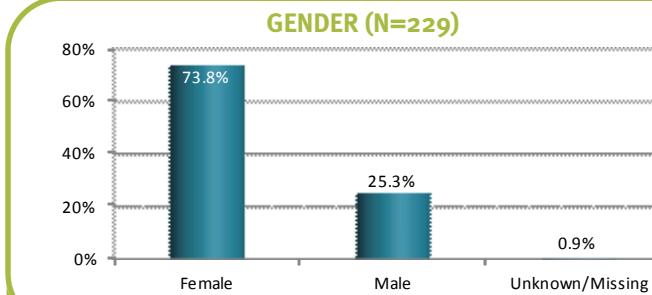
CONTRACTOR: Mental Health Systems Inc.

CONTRACT START DATE: 5/10/2010	DATA COLLECTION START DATE: 7/1/2010
PROGRAM SERVICES START DATE: 5/17/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 229 (May include duplicates)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 720 (May include duplicates)

## YOUTH DEMOGRAPHICS



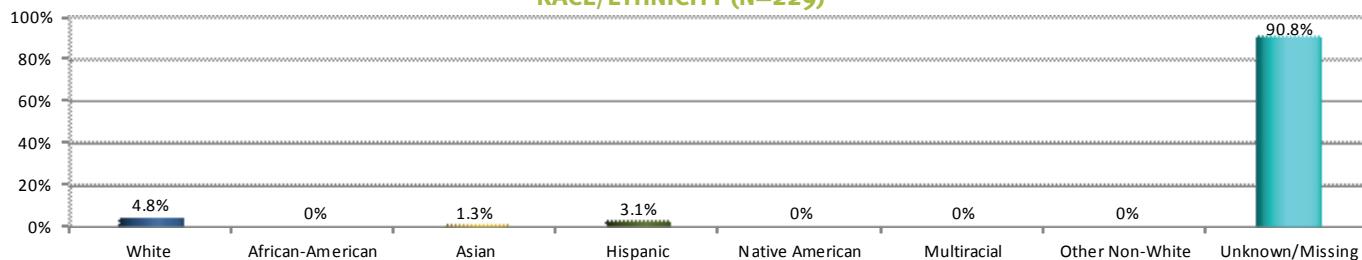
Fifty-seven percent of callers who responded to this question were adults ages 25-59, and 27% were young adults ages 18-24.



Seventy-four percent of the callers receiving services were female.

\*Sometimes adults call the Youth Talkline and prefer to remain speaking to the youth specialist rather than transferring to the Family Support line.

## RACE/ETHNICITY (N=229)



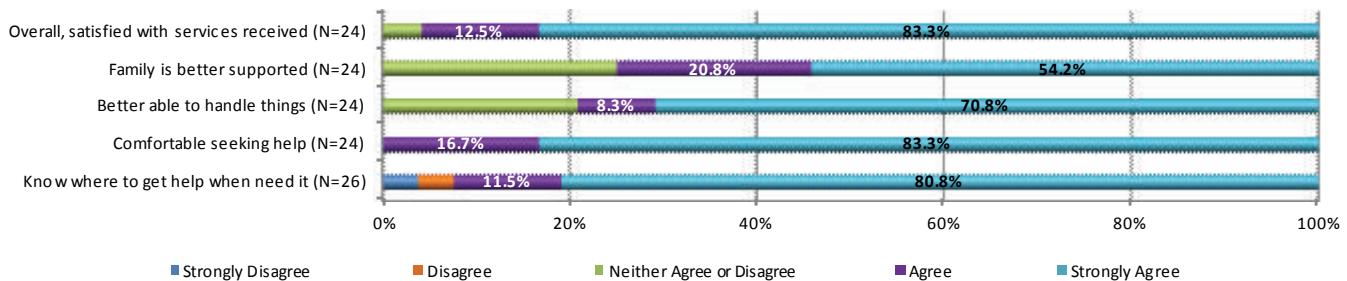
Almost 91% of the callers did not identify their race/ethnicity. Five percent of the callers identified their race/ethnicity as White, 3% identified their race/ethnicity as Hispanic and 1% of the callers identified their race/ethnicity as Asian. Of those identifying as Hispanic, the majority (57%) indicated they were Mexican American.

## MILITARY SERVICE

Callers were asked if the youth's caregiver had served in the military. Of the 16 callers who responded, 2 (13%) reported caregiver service in the military. Both callers (100%) reported service in the Navy.

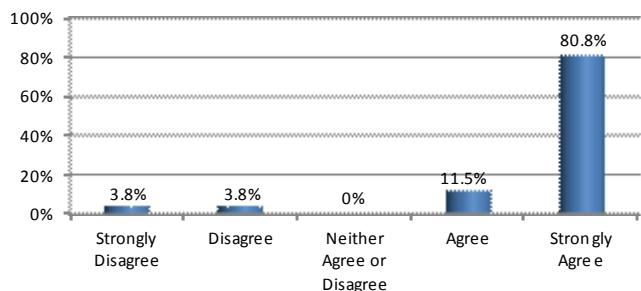
## PROGRAM SATISFACTION

### PROGRAM SATISFACTION



The majority of callers did not respond to program satisfaction questions. Of those that did respond, most agreed that they were better able to handle things and solve problems as a result of the services. Most also said that they felt more comfortable seeking help now. Overall, 96% of callers who responded to these questions were satisfied with the services received.

### I KNOW WHERE TO GET HELP (N=26)

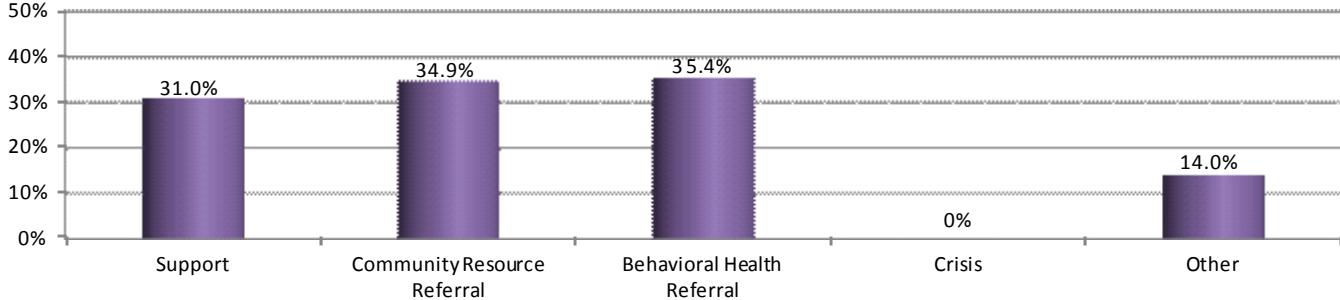


Ninety-two percent of the callers responding to this question reported that they knew where to get help when they needed it. Approximately 8% did not agree with this statement.

**“ I know where to get help when I need it.”**

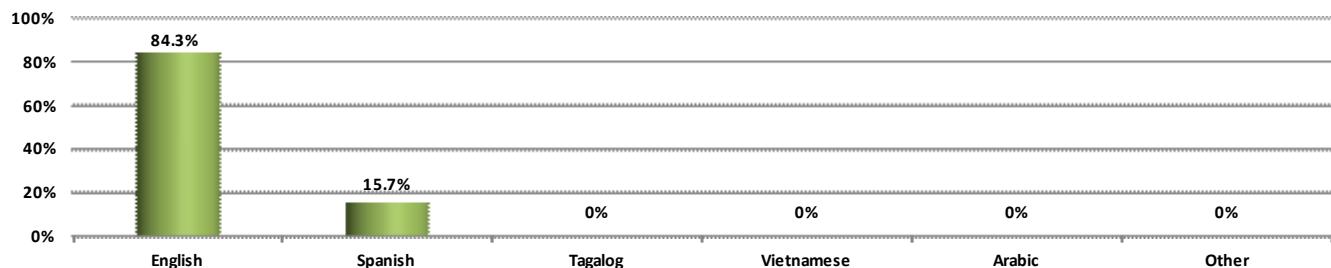
## PROGRAM-SPECIFIC QUESTIONS

### YOUTH TALKLINE TYPE OF CALL (N=229)



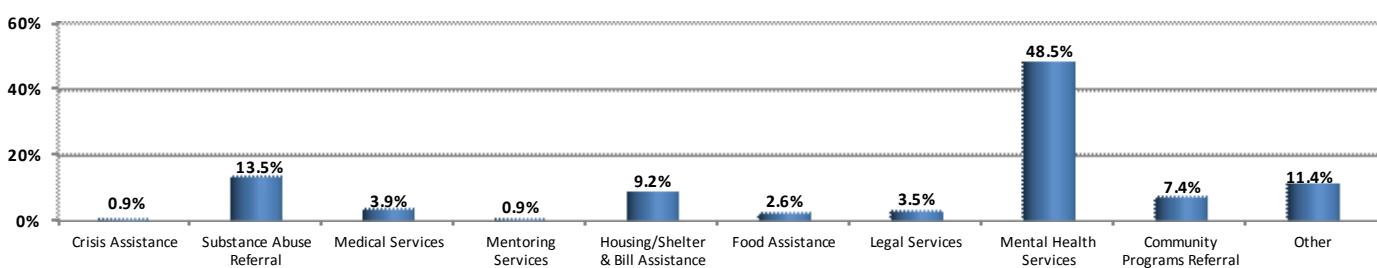
The majority of the Youth Talkline calls were classified as behavioral health (35%) and community resource (35%) referrals. Thirty-one percent of calls were related to support, and 14% concerned other unspecified topics.

## YOUTH TALKLINE CALL LANGUAGE (N=229)



The majority of calls transpired in English (84%). The remaining 16% of the calls took place in Spanish.

## YOUTH TALKLINE REFERRAL CATEGORIES (N=229)\*



The majority of the callers who received referrals were referred to mental health services (49%). Nearly 14% of callers received referrals for substance abuse.

*\*Some callers may receive referrals to more than one type of program so percentages may add up to more than 100%.*

**The Child and Adolescent Services Research Center (CASRC)** is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.



# SCHOOL BASED PROGRAM - EAST COUNTY (SA01EC): FAMILY PROGRAMS

## SAN DIEGO YOUTH SERVICES

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



### REGION: NORTH CENTRAL- DISTRICT 4

This program provides family-focused prevention and early intervention services for children who attend La Mesa Dale and Avondale elementary schools and their families. The program has two components: a school-based component and a family-based component. The family component includes parenting support groups, which use the Incredible Years curriculum, and culturally appropriate activities for caregivers that promote health and wellness. These interventions are designed to increase resiliency and protective factors for children by improving child/caregiver social and emotional skills and reducing caregiver stress. *This report focuses solely on the family component. For information about the school component, please see the annual report completed by Duerr Evaluation Resources.*

CONTRACTOR: San Diego Youth Services

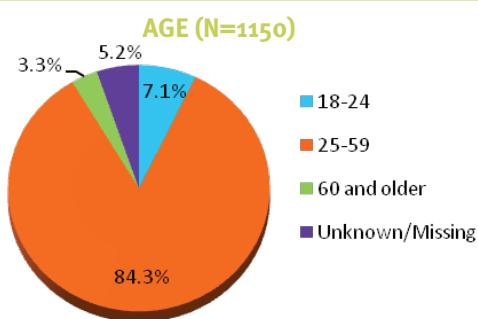
CONTRACT START DATE: 7/1/2010	DATA COLLECTION START DATE: 1/10/2011
PROGRAM SERVICES START DATE: 9/27/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 1150 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 3168 (May include duplicates)

### PROGRAM ATTENDANCE

PROGRAM ATTENDANCE*	N	PERCENT
AVONDALE: PARENTING SUPPORT GROUP	75	6.5
AVONDALE: FAMILY PREVENTION EVENT	168	14.6
LA MESA: PARENTING SUPPORT GROUP	33	2.9
LA MESA: FAMILY PREVENTION EVENT	166	14.4
BANCROFT ELEMENTARY: PARENTING SUPPORT GROUP	16	1.4
BANCROFT ELEMENTARY: FAMILY PREVENTION EVENT	144	12.5
UNKNOWN LOCATION OR TYPE	556	48.3

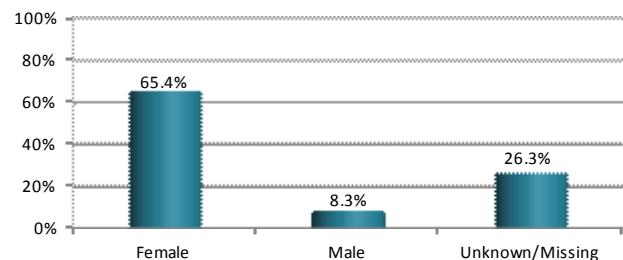
\*Numbers and percentages may add up to more than the total or 100% because parents may have attended more than one location or type of activity.

### CAREGIVER DEMOGRAPHICS



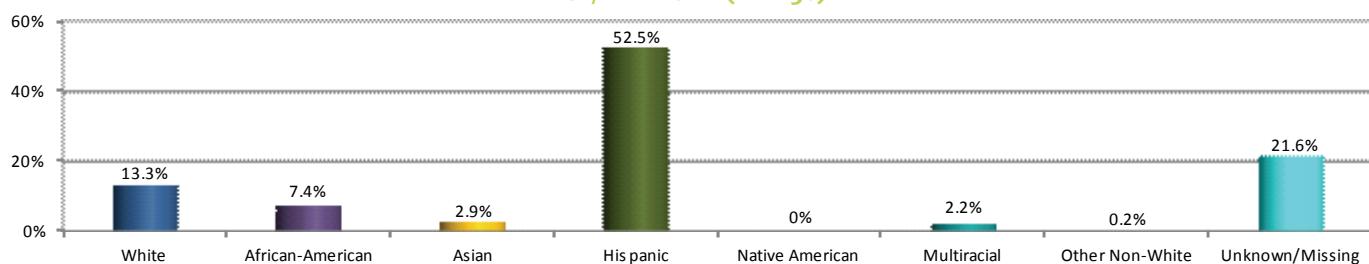
The majority of caregivers who participated in the family interventions (91%) were between the ages of 18-59. The age breakdown is representative of the adult population that is targeted by this part of the intervention.

### GENDER (N=1150)



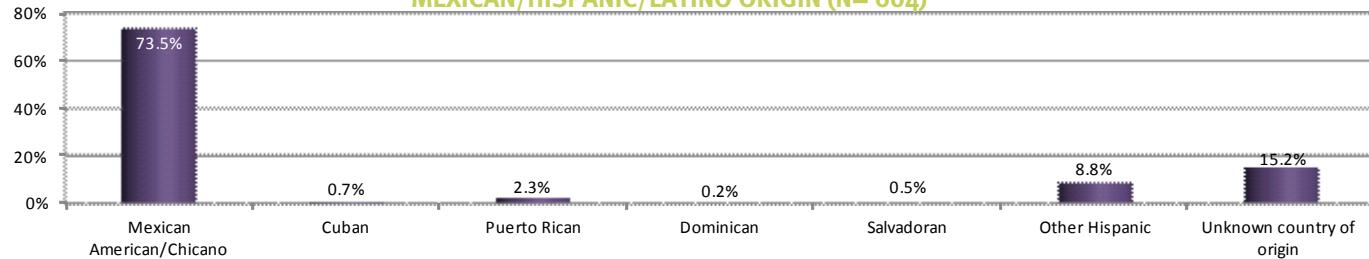
Sixty-five percent of caregivers who participated in the family interventions were female. Gender was not known for 26% of caregivers.

## RACE/ETHNICITY (N=1150)



Fifty-three percent of caregivers who participated in the family interventions identified their racial/ethnic background as Hispanic. Nearly 21% identified as White or African-American.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 604)\*

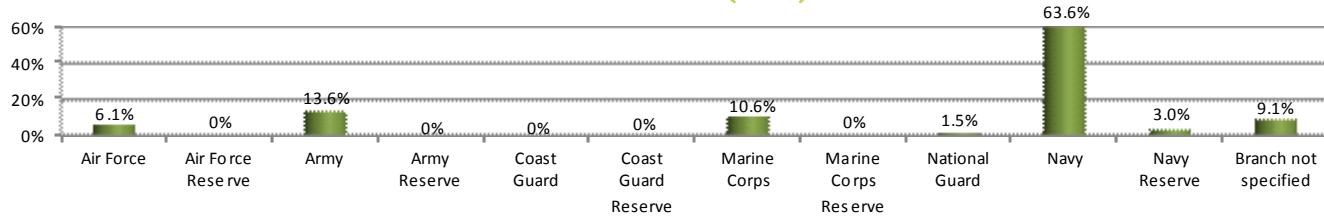


Seventy-four percent of the Hispanic population served identified their ethnic background as Mexican American/Chicano.

*\*Participants can self-identify as more than one race so percentages may add up to more than 100%.*

## MILITARY SERVICE

### MILITARY BRANCH (N=66)\*

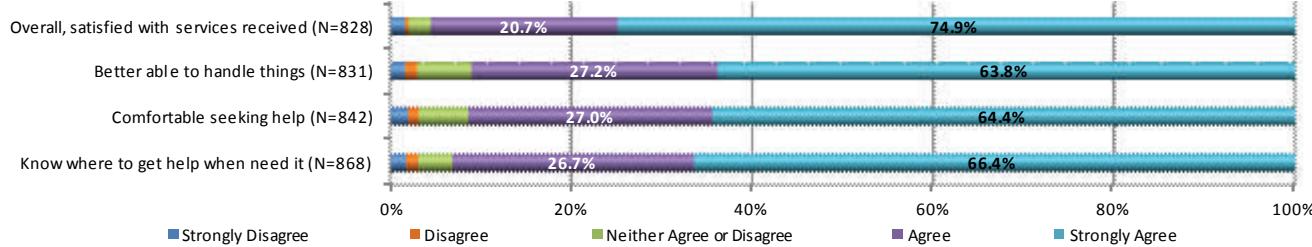


Of the 837 caregivers who responded to this question, only 66 (8%) caregivers reported having served in the military. Of these, 42 (64%) served in the Navy, 9 (14%) served in the Army and 7 (11%) served in the Marine Corps. The remaining branches were not highly represented.

*\*Participants could have served in more than one military branch so percentages may add up to more than 100%.*

## PROGRAM SATISFACTION

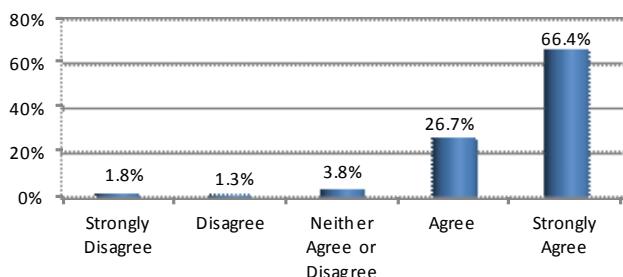
### PROGRAM SATISFACTION\*



The majority of caregivers who responded to these questions agreed that they were better able to handle things and solve problems as a result of the intervention. Most said that they felt more comfortable seeking help following participation in the program. Overall, 96% of the caregivers were satisfied with the services received.

*\*Satisfaction data includes duplicated participants.*

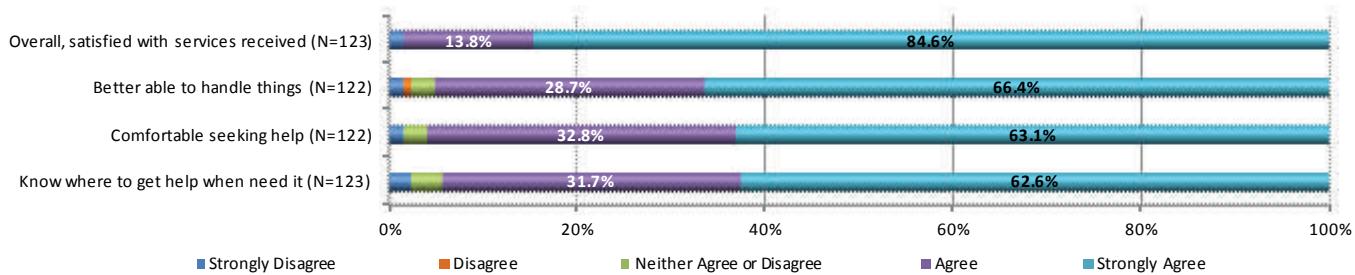
### I KNOW WHERE TO GET HELP (N=868)



Ninety-three percent caregivers responding to this question reported that they knew where to get help when they needed it. Only 3% did not agree with this statement.



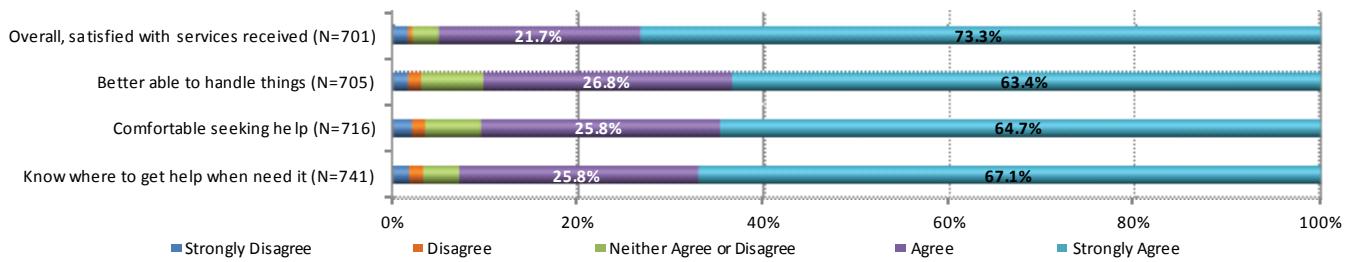
### SUPPORT GROUP SATISFACTION\*



The majority of caregivers who responded to these questions agreed that they were better able to handle things and solve problems as a result of participation in the support group. Most said that they knew where to get help when they needed it, and that they felt more comfortable seeking help following the intervention. Overall, 98% of the caregivers were satisfied with the services received in the support groups.

\*Satisfaction data includes duplicated participants.

### PREVENTION EVENTS SATISFACTION\*



The majority of caregivers who responded to these questions agreed that they were better able to handle things and solve problems as a result of the prevention events. Most said that they knew where to get help when they needed it, and that they felt more comfortable seeking help as a result of participation in the events. Overall, 95% of the caregivers were satisfied with the services received.

\*Satisfaction data includes duplicated participants.

**The Child and Adolescent Services Research Center (CASRC)** is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# SCHOOL BASED PROGRAM - NORTH COUNTY (SA01NC): BEST UNIVERSAL PREVENTION

## PALOMAR FAMILY COUNSELING SERVICES

### COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



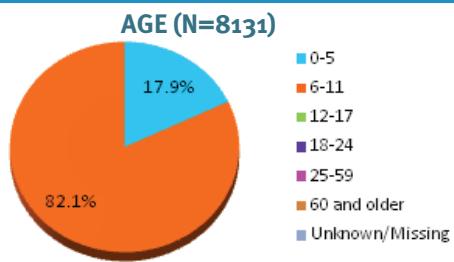
#### REGION: NORTH INLAND– DISTRICT 3

This program provides family-focused prevention and early intervention services for school-age children and their families in 11 schools in Escondido and Oceanside. The program has three components: a universal prevention component, BEST, a school-based component, School-Age Services (SAS), and a family-based component, the Family Community Partnership (FCP). The universal prevention component involves the implementation of the BEST Behavior evidence-based intervention at a school-wide level to all schools. The aim of the BEST intervention is to improve school climate, by establishing school-wide behavioral expectations and helping teachers create a more structured classroom environment, in order to promote positive behavior. This report focuses on the BEST component of NCPEI.

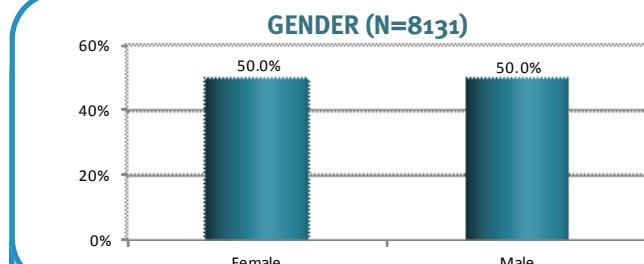
#### CONTRACTOR: Palomar Family Counseling Services

CONTRACT START DATE: 11/2/2009	DATA COLLECTION START DATE: 1/1/2010
PROGRAM SERVICES START DATE: 11/2/2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 8131 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 19,742 (Duplicated)

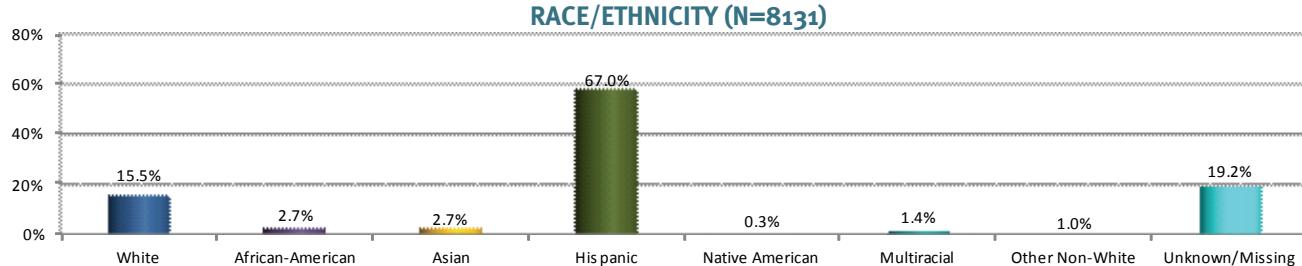
#### YOUTH DEMOGRAPHICS



Eighty-two percent of participants were ages 6-11 and 18% were ages 0-5; this age breakdown is representative of the youth population targeted by the BEST universal prevention intervention.



Fifty percent of participants who received BEST universal prevention services were male and 50% were female.



Sixty-seven percent of participants who received BEST universal prevention services were identified as Hispanic. Approximately 16% of participants were identified as White. Race was not identified for 19% of participants.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# SCHOOL BASED PROGRAM - NORTH COUNTY (SA01NC): FAMILY COMMUNITY PARTNERSHIP

## PALOMAR FAMILY COUNSELING SERVICES

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT

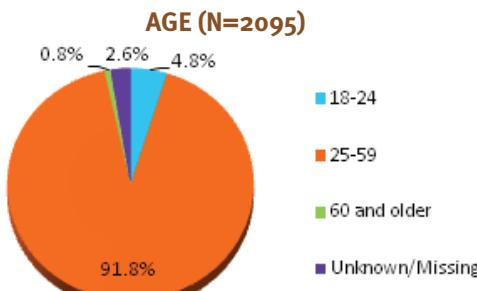


### REGION: NORTH INLAND– DISTRICT 3

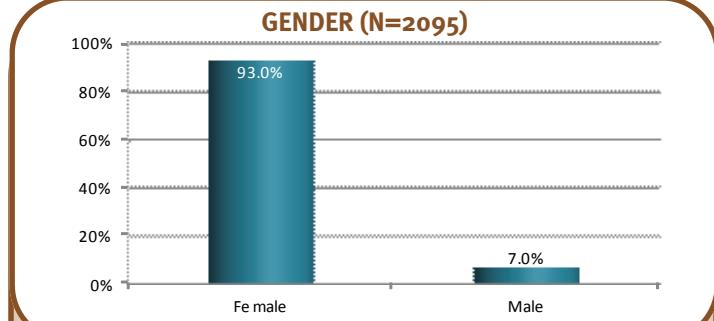
This program provides family-focused prevention and early intervention services for school-age children and their families in 11 schools in Escondido and Oceanside. The program has three components: a universal prevention component, BEST, a school-based component, School-Age Services (SAS), and a family-based component, the Family Community Partnership (FCP). The FCP component provides outreach services to all families of schools served. Going beyond school boundaries, FCP encourages parent involvement as well as assisting parents in accessing additional resources. FCP services are provided by bilingual community outreach specialists and case manager/educators who give referrals to community resources and provide group targeted activities for families that strengthen collaboration between families, communities, and schools, involve parents in their child's education, and increase family wellness and resiliency. This report focuses on the FCP component of NCPEI.

CONTRACTOR: Palomar Family Counseling Services	
CONTRACT START DATE: 11/2/2009	DATA COLLECTION START DATE: 1/1/2010
PROGRAM SERVICES START DATE: 11/2/2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 2095 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 4639 (May include duplicates)

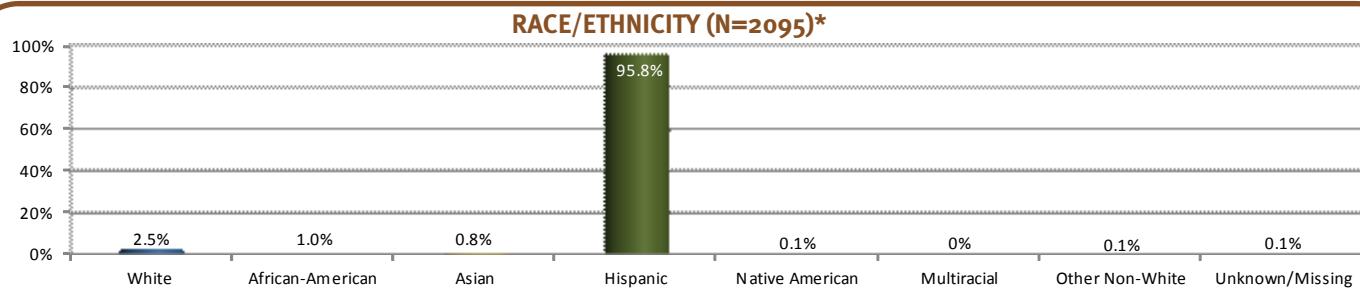
### CAREGIVER DEMOGRAPHICS



The majority (92%) of caregivers who received Family Community Partnership Services were ages 25-59.



Ninety-three percent of caregivers who received services were female. Seven percent of caregivers who received services were male.



Approximately 96% of caregivers who received services identified their racial/ethnic background as Hispanic. Of those identifying as Hispanic, the majority (91%) indicated they were of Mexican American/Chicano origin.

\*Participants can self-identify as more than one race so percentages may add up to more than 100%.

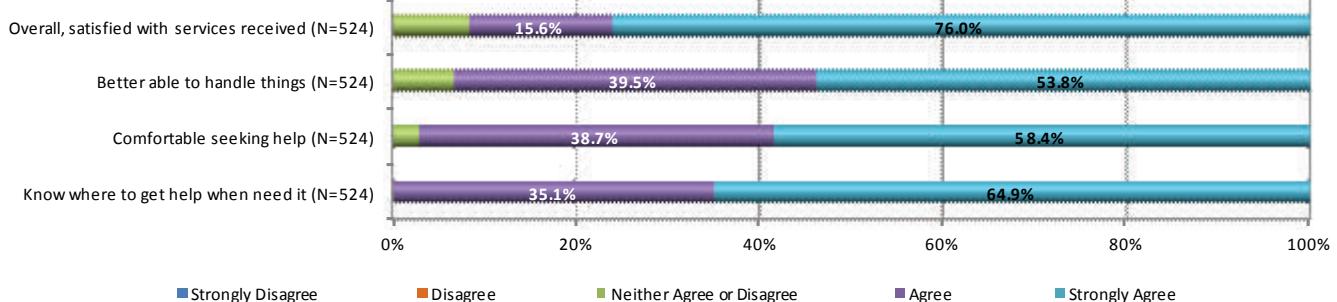
## MILITARY SERVICE\*

Of the 2093 caregivers who responded to this question, the majority (98%) reported that they had not served in the military. Of the 39 caregivers who said they had served in the military, 25 (64%) reported serving in the Marine Corps, 6 (15%) served in the Navy, 4 (10%) served in the Army, 3 (8%) served in the Marine Corps Reserve and 1 (3%) served in the Army Reserve.

\*Caregivers could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.

## PROGRAM SATISFACTION

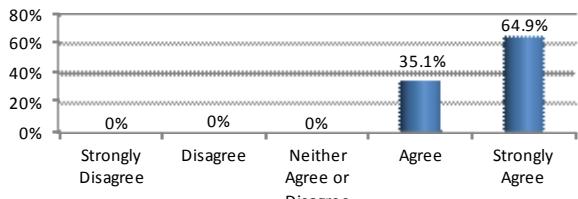
### PROGRAM SATISFACTION\*



The majority of caregivers who responded to these questions agreed that they were better able to handle things and solve problems as a result of participation in the program. Most also said that they felt more comfortable seeking help. Overall, 92% of the caregivers were satisfied with the services received.

\*Satisfaction data not available for all participants.

### I KNOW WHERE TO GET HELP (N=524)



One-hundred percent of participants responding to this question reported that they knew where to get help when they needed it.



**The Child and Adolescent Services Research Center (CASRC)** is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# SCHOOL BASED PROGRAM - NORTH COUNTY (SA01NC): SCHOOL AGE SERVICES

## PALOMAR FAMILY COUNSELING SERVICES

### COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT



## REGION: NORTH INLAND– DISTRICT 3

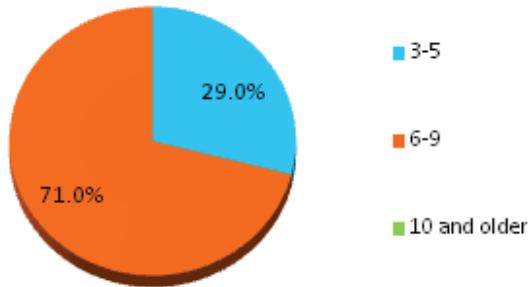
This program provides family-focused prevention and early intervention services for school-age children and their families in 11 schools in Escondido and Oceanside. The program has three components: a universal prevention component, BEST, a school-based component, School-Age Services (SAS), and a family-based component, the Family Community Partnership (FCP). In the SAS component, the Incredible Years curriculum is offered in preschool through third grades. This evidence-based curriculum helps students improve their social and emotional skills. Children are screened for signs of behavioral problems and receive prevention activities tailored to their specific needs. This report focuses on the SAS component of NCPEI.

### CONTRACTOR: Palomar Family Counseling Services

CONTRACT START DATE: 11/2/2009	DATA COLLECTION START DATE: 1/1/2010
PROGRAM SERVICES START DATE: 11/2/2009	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 817 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 2210 (May include duplicates)

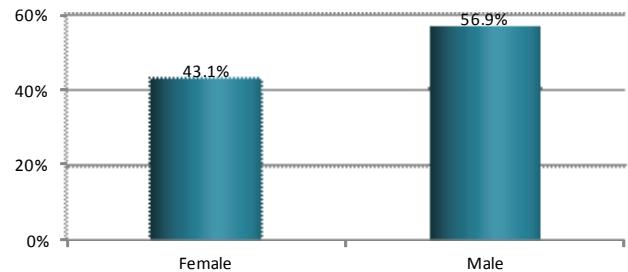
## YOUTH DEMOGRAPHICS

AGE (N=817)



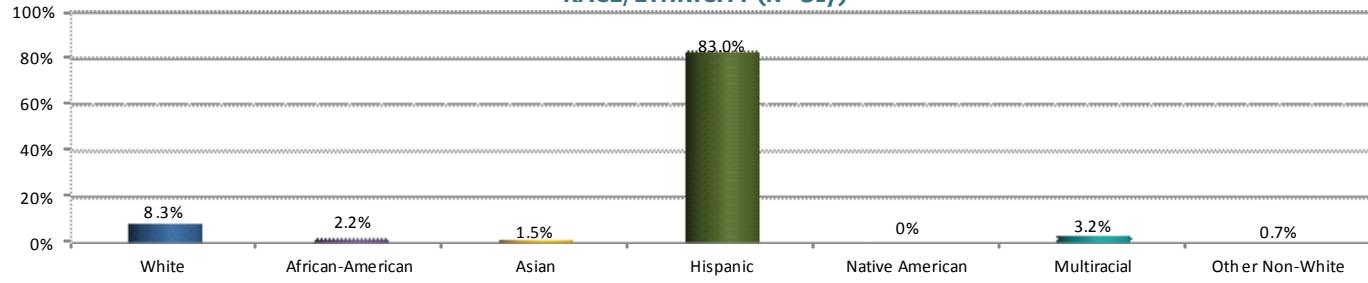
One hundred percent of SAS participants were ages 3-9, which is representative of the population targeted by this intervention. Seventy-one percent of the participants were ages 6-9.

GENDER (N=817)



Fifty-seven percent of participants who received services were male while the remaining 43% of participants were female.

RACE/ETHNICITY (N=817)\*



Eighty-three percent of participants who received services were identified as Hispanic. Approximately 10% of participants were identified as White or African-American. Of those identifying as Hispanic, the majority (99%) indicated they were of Mexican American/Chicano origin.

\*Participants can self-identify as more than one race so percentages may add up to more than 100%.

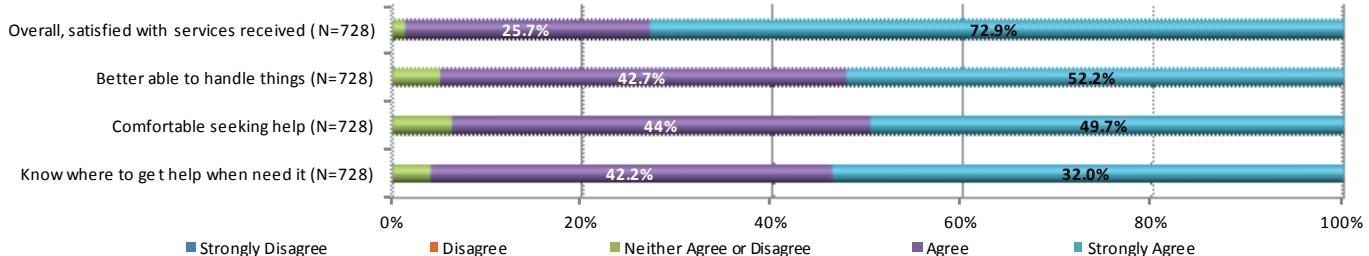
## MILITARY SERVICE\*

Of the 779 participants who responded to this question, the majority (96%) reported that the child's caregiver had not served in the military. Of the 32 caregivers reported to have served in the military, 12 (38%) served in the Marine Corps, 8 (25%) served in the Army, 7 (22%) served in the Navy Reserve, 2 (6%) served in the Air Force Reserve, 1 (3%) served in the Air Force, 1 (3%) served in the Coast Guard, 1 (3%) served in the Marine Corps Reserve and 1 (3%) served in the Navy.

\*Caregivers could have served in more than one branch so numbers and percentages may add up to more than the N or 100%.

## PROGRAM SATISFACTION

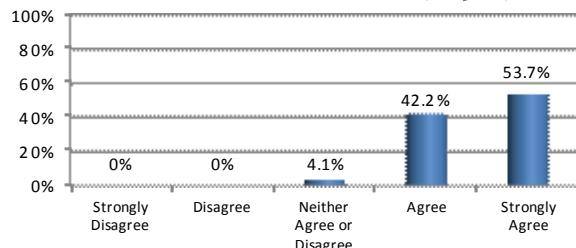
PROGRAM SATISFACTION\*



The majority of participants who responded to these questions agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they felt more comfortable seeking help. Overall, 99% of the participants were satisfied with the services received.

\*Satisfaction data not available for all participants.

I KNOW WHERE TO GET HELP (N=728)



Ninety-six percent of participants who responded to this question reported that they knew where to get help when they needed it.



The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# YELLOW RIBBON SUICIDE PREVENTION (SA02): CAREGIVER OUTCOMES

## MENTAL HEALTH RESOURCE CENTER

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT



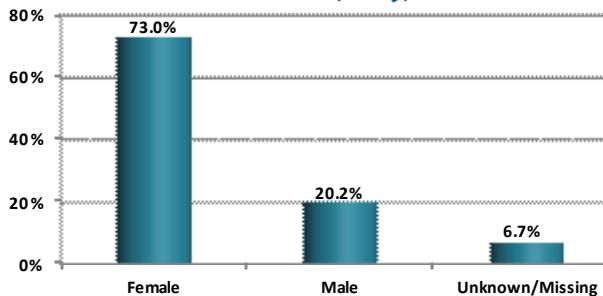
### REGION: NORTH CENTRAL – DISTRICT 4

The School-Based Suicide Prevention program provides presentations in school settings on the risk factors for suicide, how to respond to youth showing suicidal ideation, and where to go for help. The presentations, which are based on the Yellow Ribbon Suicide Prevention Program, are given to 7th, 9th, and 11th grade students, as well as to school staff, and caregivers. One of the goals of this program is to give presentations at every school in the San Diego Unified School District by the end of 2013.

CONTRACTOR: Mental Health Resource Center	
CONTRACT START DATE: November 2009	DATA COLLECTION START DATE: October 2010
PROGRAM SERVICES START DATE: August 2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 89 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 848 (May include duplicates)

### CAREGIVER DEMOGRAPHICS

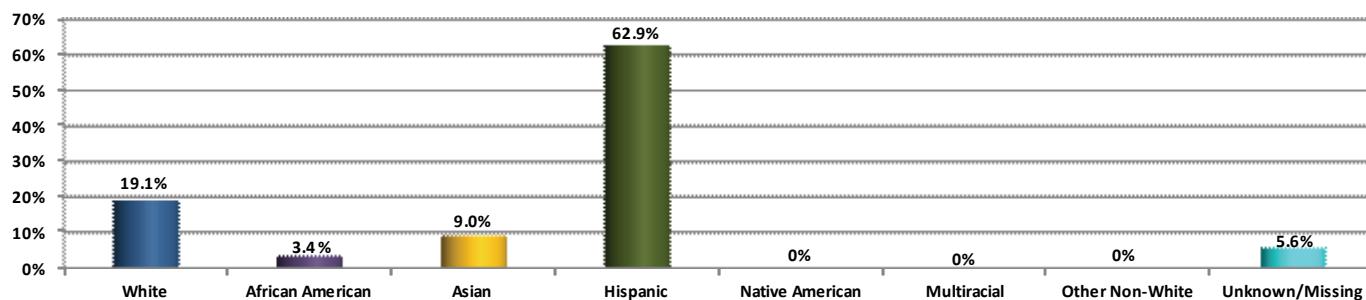
GENDER (N=89)



Seventy-three percent of the caregivers were female.

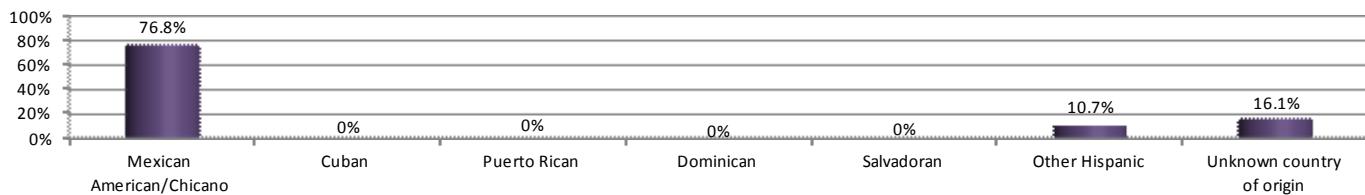


RACE/ETHNICITY (N=89)



Approximately 63% of the caregivers identified their ethnic background as Hispanic. Nineteen percent of the caregivers identified their ethnic background as White, and 9% identified their ethnic background as Asian. The remaining racial/ethnic backgrounds were not highly represented.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 56)\*

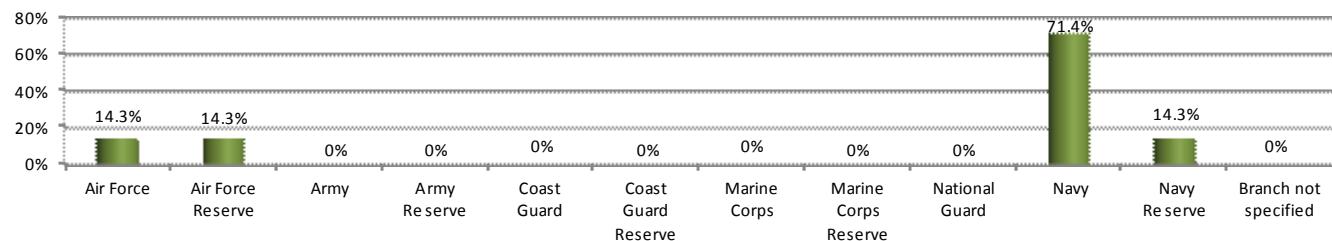


Seventy-seven percent of the caregivers in the sample of Hispanic origin identified their ethnic background as Mexican American/Chicano.

\*Participants can self identify as more than one race so percentages may add up to more than 100%.

## MILITARY SERVICE

### MILITARY BRANCH (N=7)\*

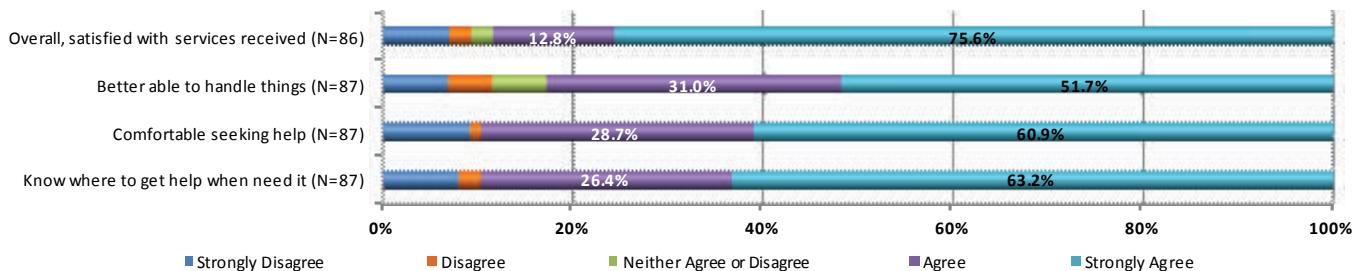


Of 80 caregivers that responded to this question, the majority (91%) reported that they had not served in the military. Of the 7 caregivers that reported they have served in the military, 5 (71%) served in the Navy, 1 (14%) served in the Navy Reserve, 1 (14%) served in the Air Force and 1 (14%) served in the Air Force Reserve. The remaining branches were not represented.

\*Participants could have served in more than one military branch so percentages may add up to more than 100%.

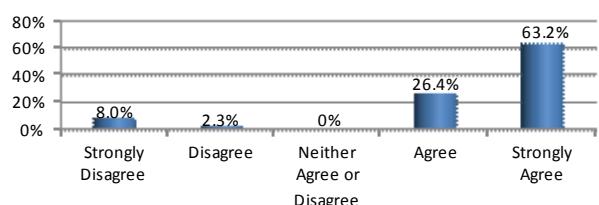
## PROGRAM SATISFACTION

### PROGRAM SATISFACTION



Most caregivers who responded to these questions agreed that they were better able to handle things and solve problems as a result of the presentation. Most also said that they felt more comfortable seeking help now. Overall, 88% of the caregivers were satisfied with the services received.

### I KNOW WHERE TO GET HELP (N=87)

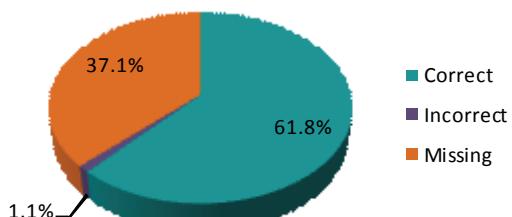


Ninety percent of caregivers responding to this question reported that they knew where to get help when they needed it. Approximately 10% did not agree with this statement.

**“ I know where to get help when I need it.”**

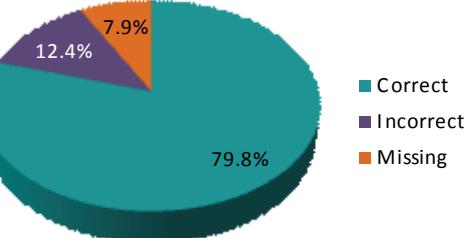
## PROGRAM SPECIFIC OUTCOMES (N=89)

PERCENT OF CAREGIVERS WHO CORRECTLY IDENTIFIED WARNING SIGNS OF SUICIDE



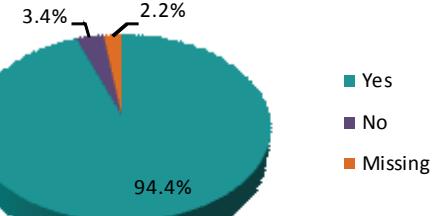
Following the presentation, approximately 62% of caregivers correctly identified the warning signs of suicide.

PERCENT OF CAREGIVERS WHO CORRECTLY IDENTIFIED THE PROTOCOL STEPS ON THE ASK 4 HELP CARD



Following the presentation, approximately 80% of caregivers correctly identified the protocol steps on the Ask 4 Help card.

IF A STUDENT CAME TO ME BECAUSE THEY WERE DEPRESSED OR HAVING SUICIDAL THOUGHTS, I WOULD KNOW WHO TO REFER THE STUDENT TO FOR HELP



Following the presentation, 94% of the caregivers reported that if a student came to them because they were depressed or were having suicidal thoughts, they would know who to refer them to for help.

## SUICIDE RISK ASSESSMENTS

Assessment data was not available for FY2012-13.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# YELLOW RIBBON SUICIDE PREVENTION (SA02): SCHOOL STAFF OUTCOMES

## MENTAL HEALTH RESOURCE CENTER

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



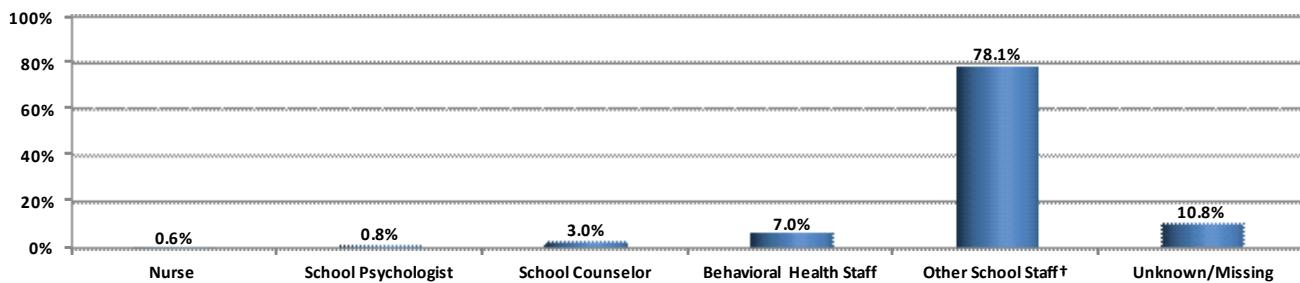
### REGION: NORTH CENTRAL— DISTRICT 4

The School-Based Suicide Prevention program provides presentations in school settings on the risk factors for suicide, how to respond to youth showing suicidal ideation, and where to go for help. The presentations, which are based on the Yellow Ribbon Suicide Prevention Program, are given to 7th, 9th, and 11th grade students, as well as to school staff, and parents. One of the goals of this program is to give presentations at every school in the San Diego Unified School District by the end of 2013.

CONTRACTOR: Mental Health Resource Center	
CONTRACT START DATE: November 2009	DATA COLLECTION START DATE: October 2010
PROGRAM SERVICES START DATE: August 2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 658 (Unduplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION: 4275 (May include duplicates)

### STAFF DEMOGRAPHICS

STAFF TYPE (N=658)\*

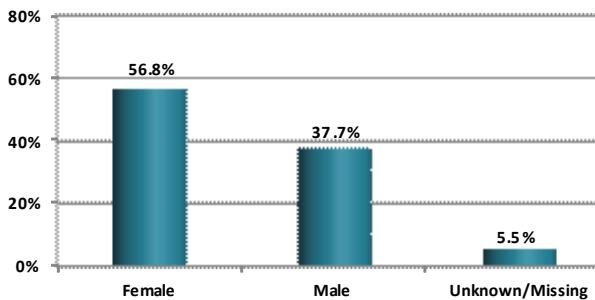


Seventy-eight percent of staff were not physical or behavioral health care providers.

\*Staff can self-identify as serving in more than one position so percentages may add up to more than 100%.

†The majority of staff in this category are teachers.

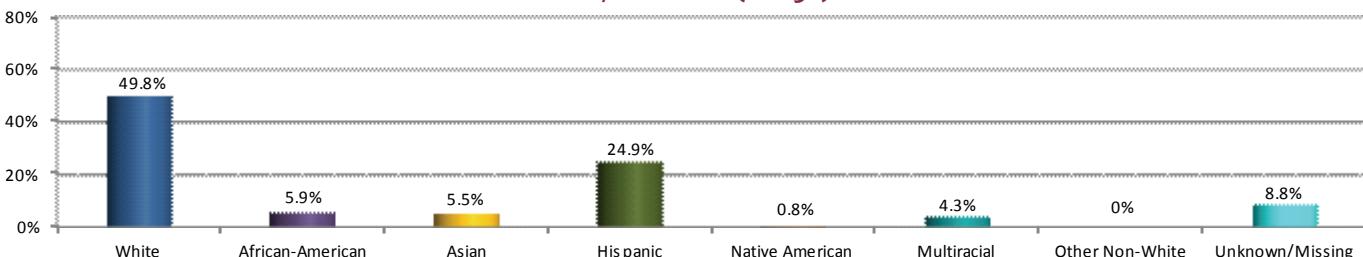
GENDER (N=658)



Approximately 57% of the staff were female.

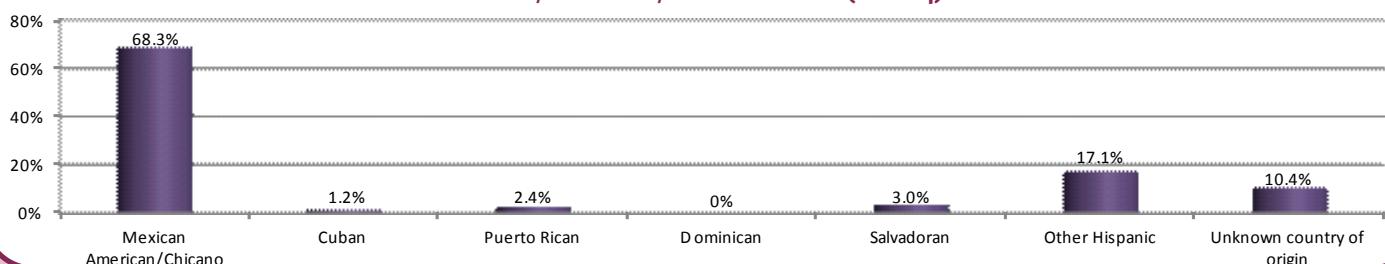


## RACE/ETHNICITY (N=658)



Almost 50% of the staff identified their ethnic background as White, and approximately 25% of staff identified their ethnic background as Hispanic. Nine percent of staff did not identify their racial/ethnic background.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 164)\*

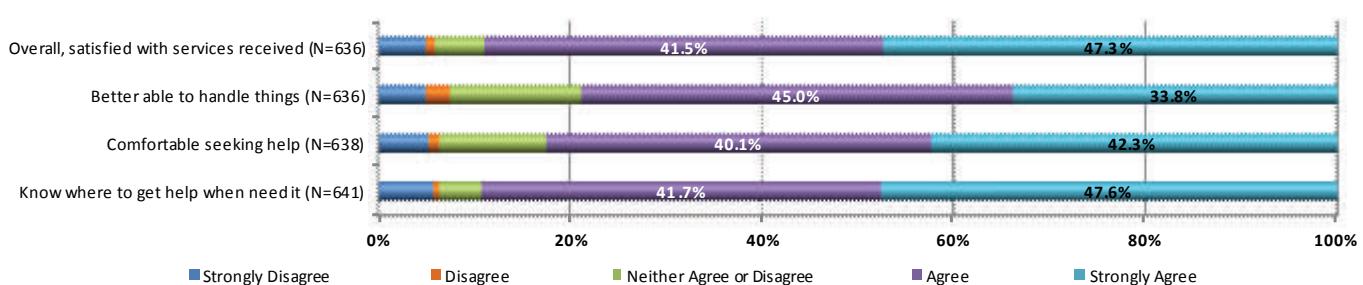


Sixty-eight percent of the Hispanic population served identified their ethnic background as Mexican American/Chicano.

\*Participants can self identify as more than one race so percentages may add up to more than 100%.

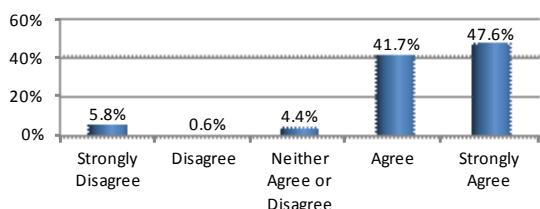
## PROGRAM SATISFACTION

### PROGRAM SATISFACTION



Most staff who responded to these questions agreed that they were better able to handle things and solve problems as a result of the presentation. Most also said that they felt more comfortable seeking help now. Overall, 89% of the staff were satisfied with the services received.

## I KNOW WHERE TO GET HELP (N=641)

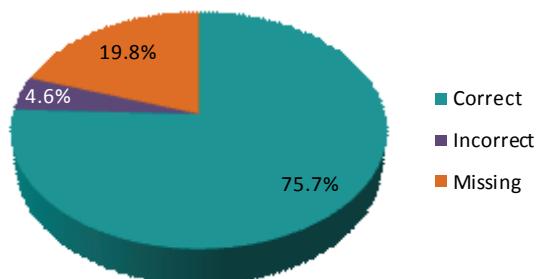


Eighty-nine percent of staff responding to this question reported that they knew where to get help when they needed it. Approximately 6% did not agree with this statement.

**“ I know where to get help when I need it.”**

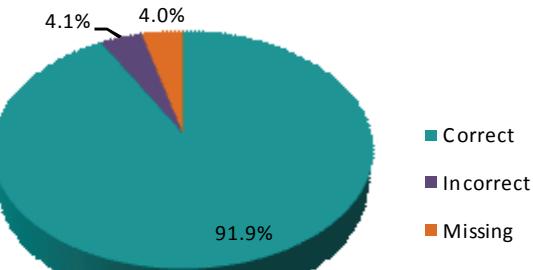
## PROGRAM SPECIFIC OUTCOMES (N=658)

### PERCENT OF STAFF WHO CORRECTLY IDENTIFIED WARNING SIGNS OF SUICIDE



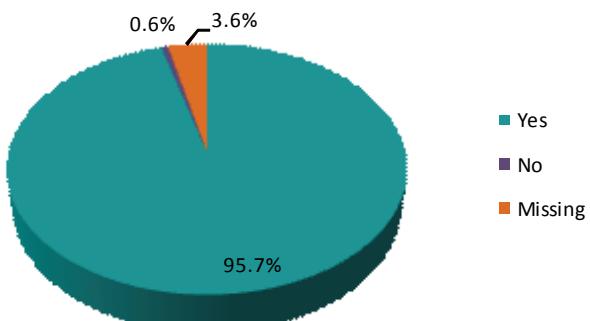
Following the presentation, approximately 76% of staff correctly identified the warning signs of suicidal ideation/behavior.

### PERCENT OF STAFF WHO CORRECTLY IDENTIFIED THE PROTOCOL STEPS ON THE ASK 4 HELP CARD



Following the presentation, approximately 92% of staff correctly identified the protocol steps on the Ask 4 Help card.

### IF A STUDENT CAME TO ME BECAUSE THEY WERE DEPRESSED OR HAVING SUICIDAL THOUGHTS, I WOULD KNOW WHO TO REFER THE STUDENT TO FOR HELP.



Following the presentation, approximately 96% of the staff reported that if a student came to them because they were depressed or were having suicidal thoughts, they would know who to refer them to for help.

## SUICIDE RISK ASSESSMENTS

Assessment data was not available for FY2012-13.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# YELLOW RIBBON SUICIDE PREVENTION (SA02): STUDENT OUTCOMES

## MENTAL HEALTH RESOURCE CENTER

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012—13 ANNUAL REPORT



### REGION: NORTH CENTRAL—DISTRICT 4

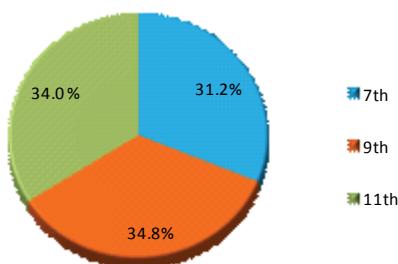
The School-Based Suicide Prevention program serves children, youth and transition-age youth (ages 18-24) in school settings. This program provides presentations on the risk factors for suicide, how to respond to youth showing suicidal ideation, and where to go for help. The presentations, which are based on the Yellow Ribbon Suicide Prevention Program, are given to 7th, 9th, and 11th grade students, as well as to school staff, and parents. One of the goals of this program is to give presentations at every school in the San Diego Unified School District by the end of 2013. Due to the large number of students served, CASRC collects data on a representative sample (based on school size) of 25% of the youth who attended the presentations.

CONTRACTOR: Mental Health Resource Center	
CONTRACT START DATE: November 2009	DATA COLLECTION START DATE: October 2010
PROGRAM SERVICES START DATE: August 2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF PARTICIPANTS WITH DATA IN FY 2012-13: 5589 (Unduplicated)	PARTICIPANTS SERVED* IN FY 2012-13: 20,189 (May include duplicates) PARTICIPANTS SERVED* SINCE PROGRAM INCEPTION: 42,258 (May include duplicates)

### STUDENT DEMOGRAPHICS

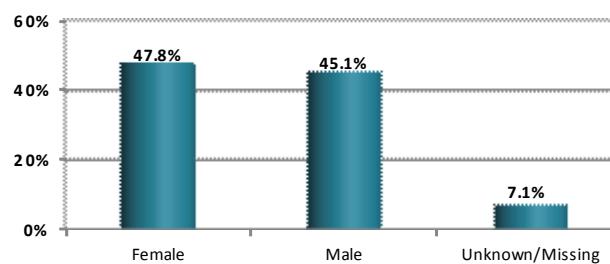
\*This number is calculated from projected participant counts provided by the school district.

#### SCHOOL GRADE (N=5589)



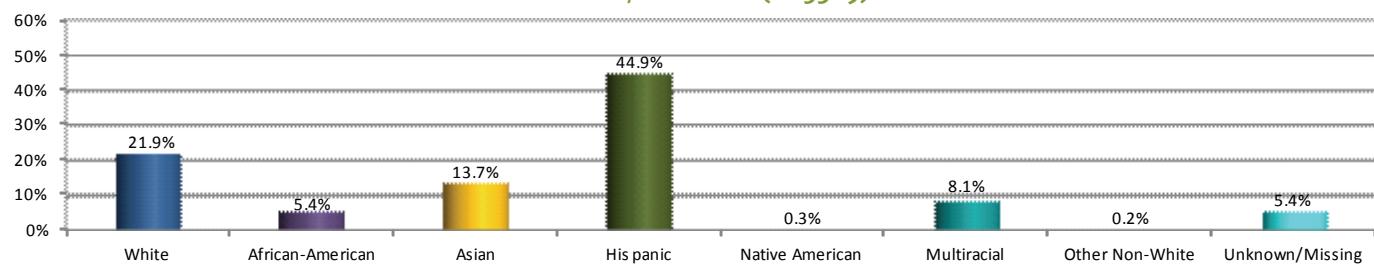
The sample population contained slightly more 9th graders (35%) and 11th graders (34%) than 7th graders (31%).

#### GENDER (N=5589)



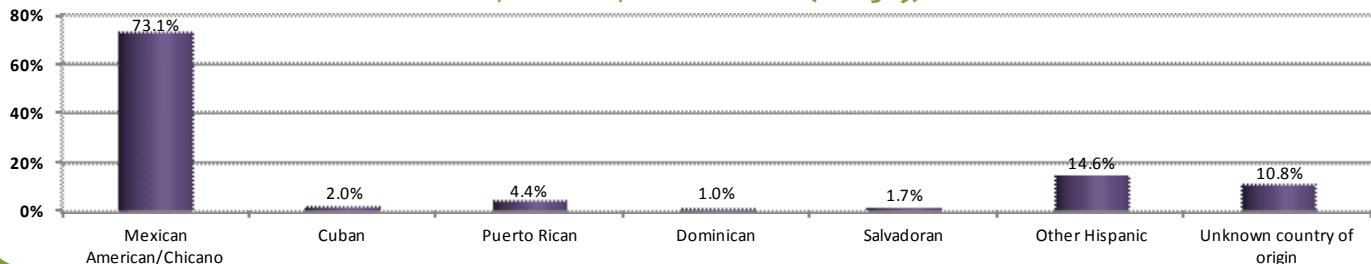
Approximately 48% of the sample population identified their gender as female.

#### RACE/ETHNICITY (N=5589)



More than 44% of the students in the sample identified their race/ethnicity as Hispanic. Approximately 22% of students identified their race/ethnicity as White, and 14% identified as Asian.

## MEXICAN/HISPANIC/LATINO ORIGIN (N= 2509)\*

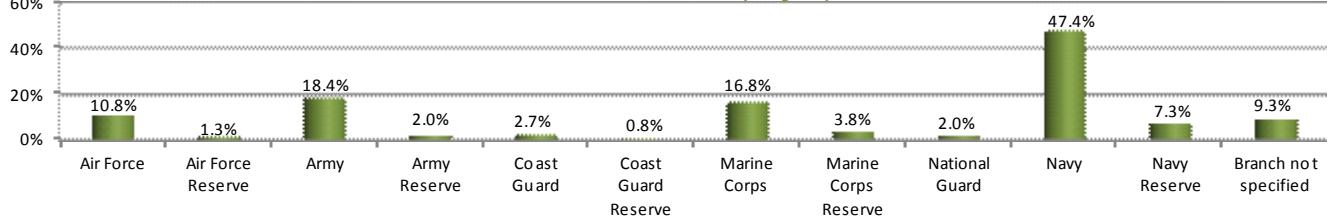


The majority of the Hispanic population in the sample identified their ethnic background as Mexican American/Chicano.

\*Participants can self identify as more than one race so percentages may add up to more than 100%.

## MILITARY SERVICE

### MILITARY BRANCH (N=982)\*

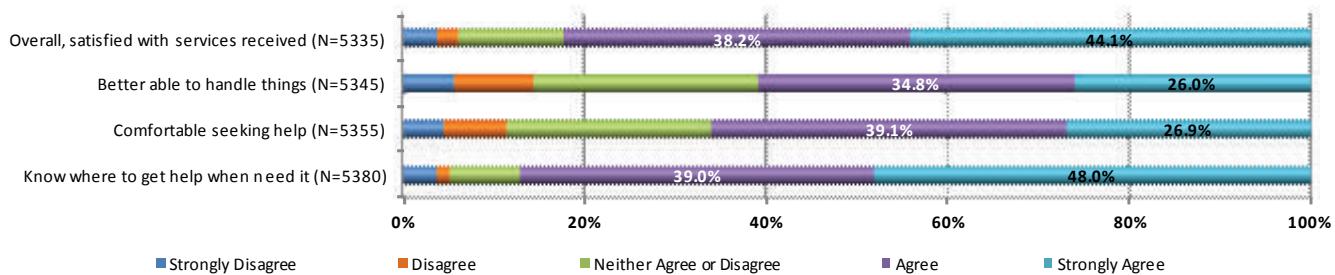


Of 4522 students in the sample that responded to this question, 78% reported that their caregivers had not served in the military. Of the 982 students who reported that their caregiver had served in the military, 465 (47%) reported service in the Navy, 181 (18%) reported that service in the Army, 165 (17%) reported service in the Marine Corps and 106 (11%) reported service in the Air Force. The remaining military branches were not highly represented.

\*Caregivers could have served in more than one military branch so percentages may add up to more than 100%.

## PROGRAM SATISFACTION

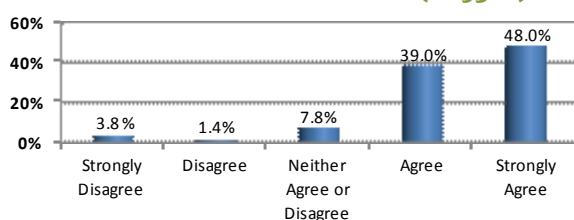
### PROGRAM SATISFACTION\*



Most students in the sample who responded to these questions agreed that they were better able to handle things and solve problems as a result of the presentation. Most also said that they felt more comfortable seeking help now. Overall, 82% of the students in the sample were satisfied with the services received.

\*Satisfaction data not available for all participants.

### I KNOW WHERE TO GET HELP (N=5380)

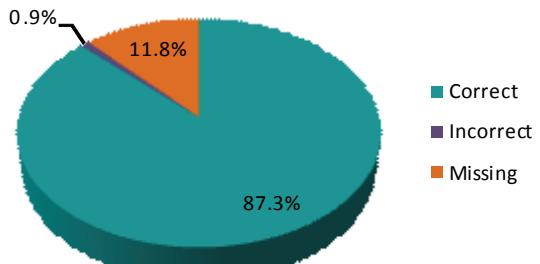


The majority of students in the sample who responded to this question reported that they knew where to get help when they needed it. Approximately 5% did not agree with this statement.

**“I know where to get help when I need it.”**

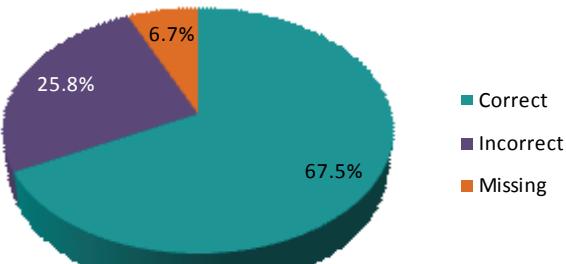
## PROGRAM SPECIFIC OUTCOMES (N=5589)

### PERCENT OF STUDENTS WHO CORRECTLY IDENTIFIED WARNING SIGNS OF SUICIDE



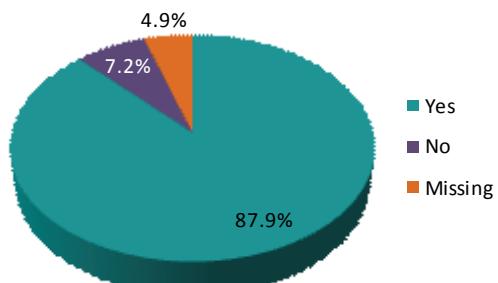
Following the presentation, approximately 87% of students in the sample correctly identified the warning signs of suicidal ideation/behavior.

### PERCENT OF STUDENTS WHO CORRECTLY IDENTIFIED THE STEPS TO TAKE IF A FRIEND SAYS HE/SHE IS CONSIDERING SUICIDE



Following the presentation, approximately 68% of students in the sample correctly identified the steps to take if a friend is considering suicide.

### IF I FELT DEPRESSED OR WAS HAVING SUICIDAL THOUGHTS, I KNOW WHO TO GO TO FOR HELP



Following the presentation, approximately 88% of students in the sample reported that if they were depressed or were having suicidal thoughts, they would know who to go to for help.



## SUICIDE RISK ASSESSMENTS

Assessment data was not available for FY2012-13.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.